

Name
in
Full

Adolph Abram Jr

CERTIFICATE OF DEATH

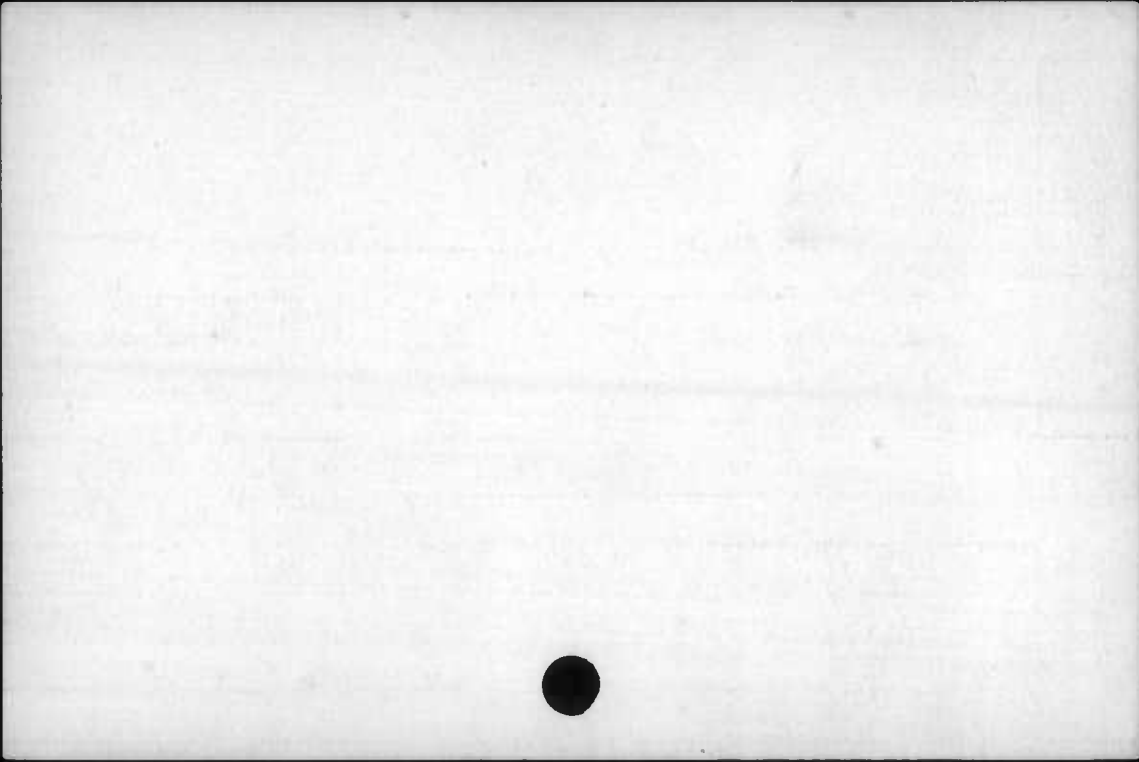
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South Baltimore</i>		Town <i>Baltimore</i>		County <i>At</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Dec.</i>	Day	<i>13</i>	Age	<i>1</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>So. Balto, Md</i>		Months	<i>3</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Adolph Abram Sr</i>		Father's Birthplace <i>Germany</i>		Mother's Maiden Name <i>Annie Dunc</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>Adolph Abram Sr</i>		How related to deceased <i>Father</i>					

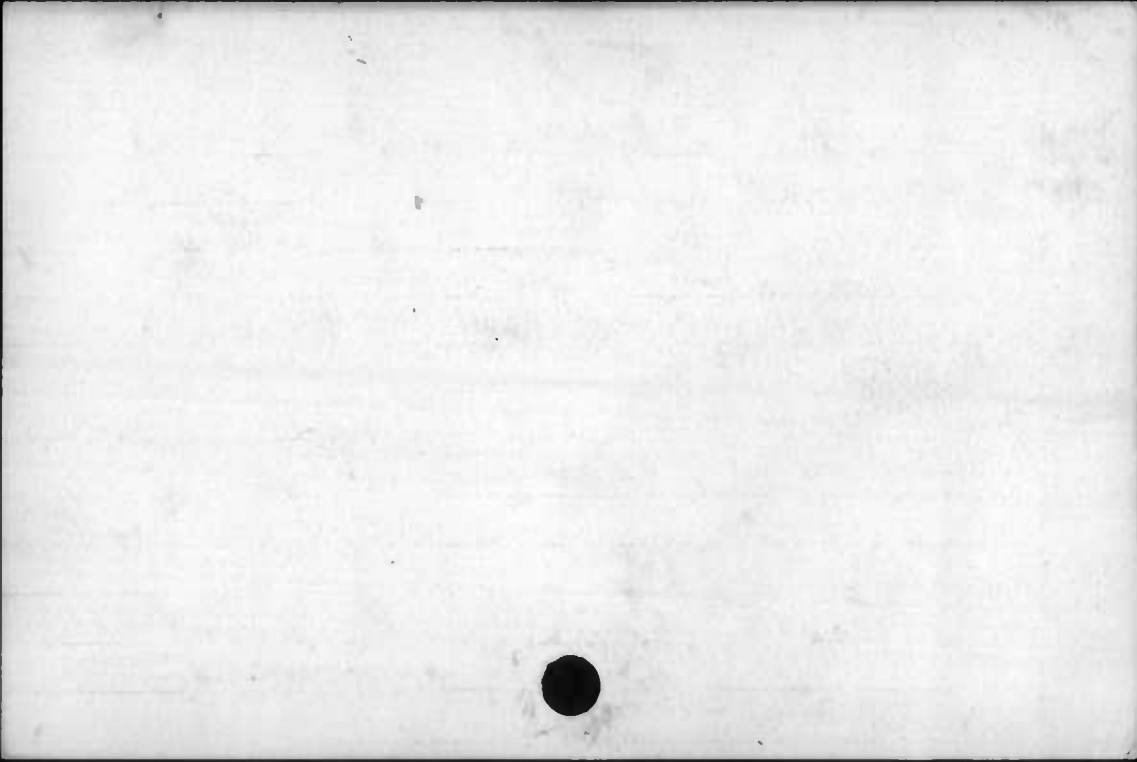
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. B. Horton M.D.</i>	
		Address <i>So. Balto, Md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Thomas		Alsup		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Mother's Maiden Name		Father's Birthplace	
PHYSICIAN OR CORONER		Date of death		Month		Days	
		Age		Years		Months	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					
		CAUSES OF DEATH		(10)			
Primary		Influenza Typhoid Pneumonia		How long		Ten days	
Immediate		Exhaustion & Heart Failure		How long		Gradual	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Yes		John Ricourt M.D.		Annapolis Md.			
Accident or Suicide?							



Name
in
Full

Rosa May Basler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} BrooklynCounty ^{an}

MARYLAND

Date of death 1909 Month 12 Day 22 Age 24 Years 11 Months Days

Sex Female Color or Race white Birth-place Md

Occupation Housewife

Where Residing if not
at place of death —

Married, Single or Widowed married

Name of Wife or Husband George N. Basler

Father's Name Thos F. Irvine

Father's Birthplace Md

Mother's Maiden Name Mary C. Morlin

Mother's Birthplace Md

Name of person giving information Thos F. Irvine

How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

How long 2 mo

Immediate exhaustion

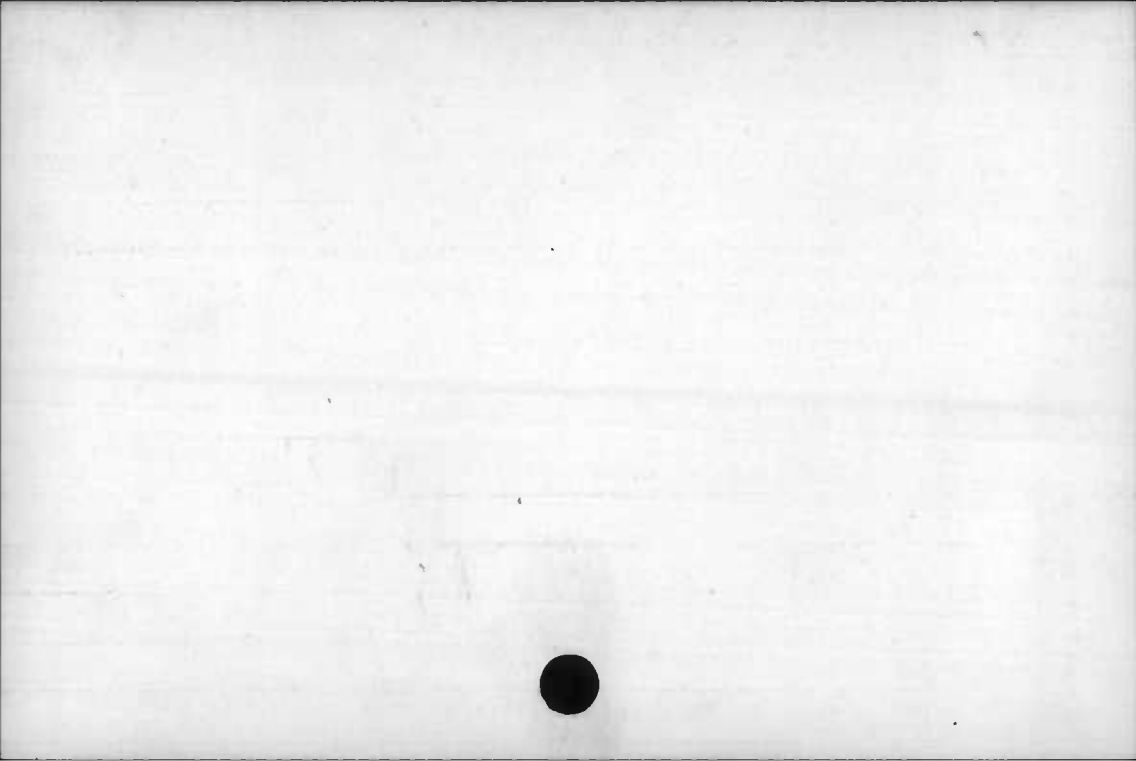
How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas. B. Moore

Address Brooklyn Md

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie E Bishop
Town Annapolis County A.A.

MARYLAND

Died at
Date of death 1909 Dec. 21 Age 58
Month Day Years Months Days

Sex female Color or Race Colored Birth-place Phila. Pa
Occupation _____ Where Residing if not at place of death 14 Church Circle

Married, Single or Widowed Widowed Name of Wife or Husband Dr Wm Bishop

Father's Name John C. Chapman Father's Birthplace Phila. Pa

Mother's Maiden Name Charlotte C. Chapman Mother's Birthplace Trenton N.J.

Name of person giving Information James C Bishop How related to deceased son

CAUSES OF DEATH

42

Primary Uterine Cancer How long Three months
Immediate Asthma How long one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. Wells,
Annapolis,
Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Brucilla Brown

Died at *Churchton* Town *9* County *9*

Date of death *1909* *Dec* Month *18* Day Age *1* Years Months *9* Days *21*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Brown* Father's Birthplace *Ind*

Mother's Maiden Name *Rebecca Foster* Mother's Birthplace *Ind*

Name of person giving information *John Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long *3 weeks*

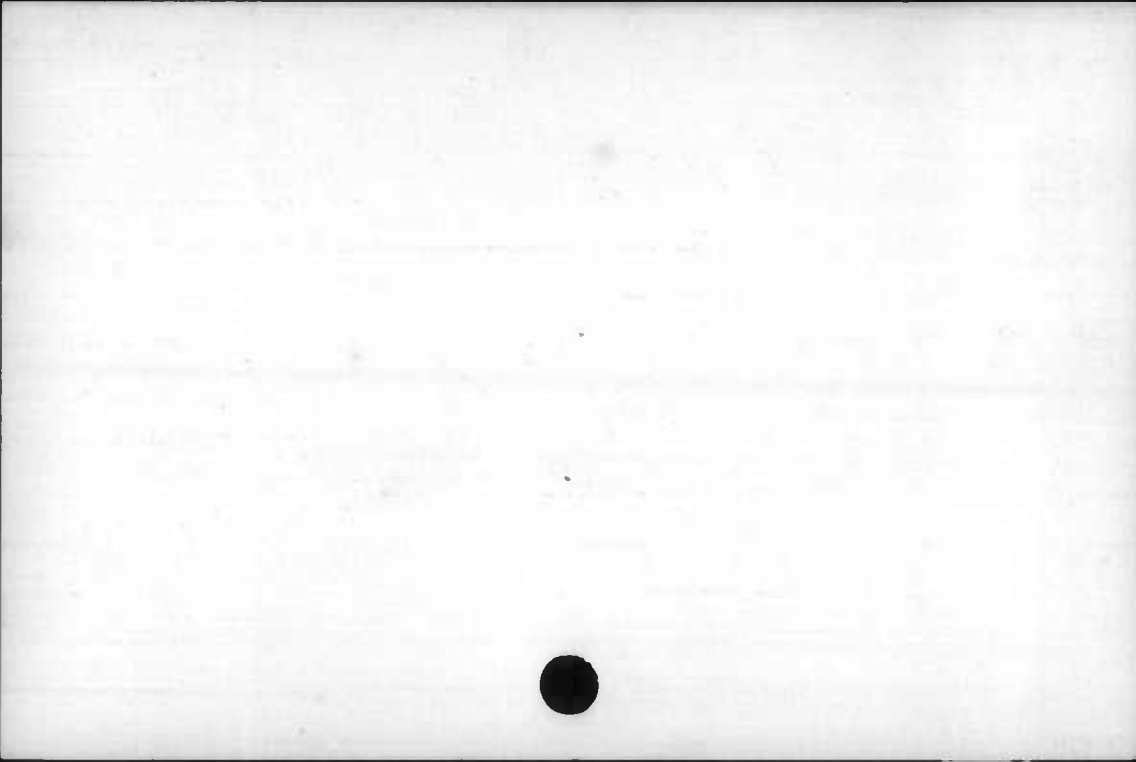
Immediate *Convulsions* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. T. Dent Sub-reg.*

Address *Churchton*

Accident or Suicide? *Investigated + found everything O.K.*



Name
in
Full

George Henry Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sh. Margarets ^{County} Anne Arundel MARYLAND

Date of death 1909 ^{Month} Dec ^{Day} 10 ^{Age} — ^{Years} — ^{Months} 6 ^{Days} —

Sex Male Color or Race Colored Birth-place A. A. Co., Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Cook Father's Birthplace A. A. Co. Md

Mother's Maiden Name Carrie Fleetwood Mother's Birthplace A. A. Co. Md

Name of person giving Information George Cook How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

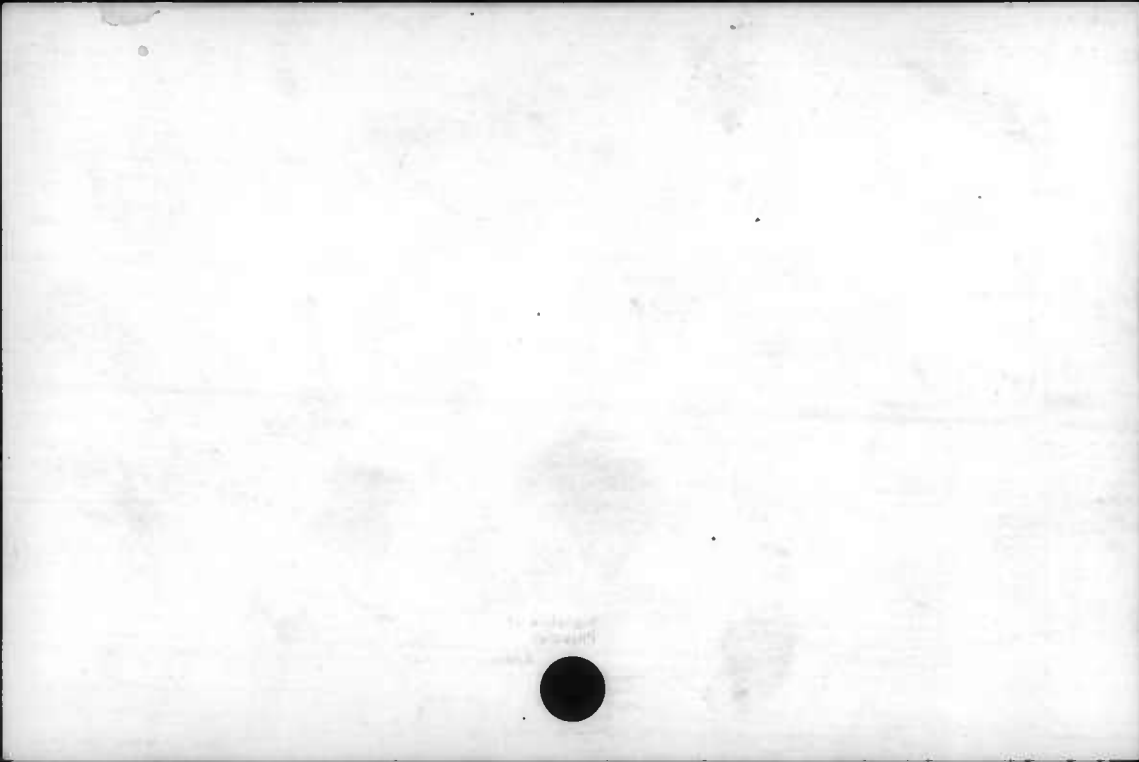
Primary Entero Colitis How long 6 days

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. S. Welch Address Annapolis

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1909

Month

Dec

Day

about 15

Age

about 45

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Salvager

Where Residing if not
at place of death

Unknown

Married, Single
or Widowed

Unknown

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Chas. Christian

How related
to deceased

Unknown

CAUSES OF DEATH

172

Primary

Accidental Drowned about 2 1/2 miles

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

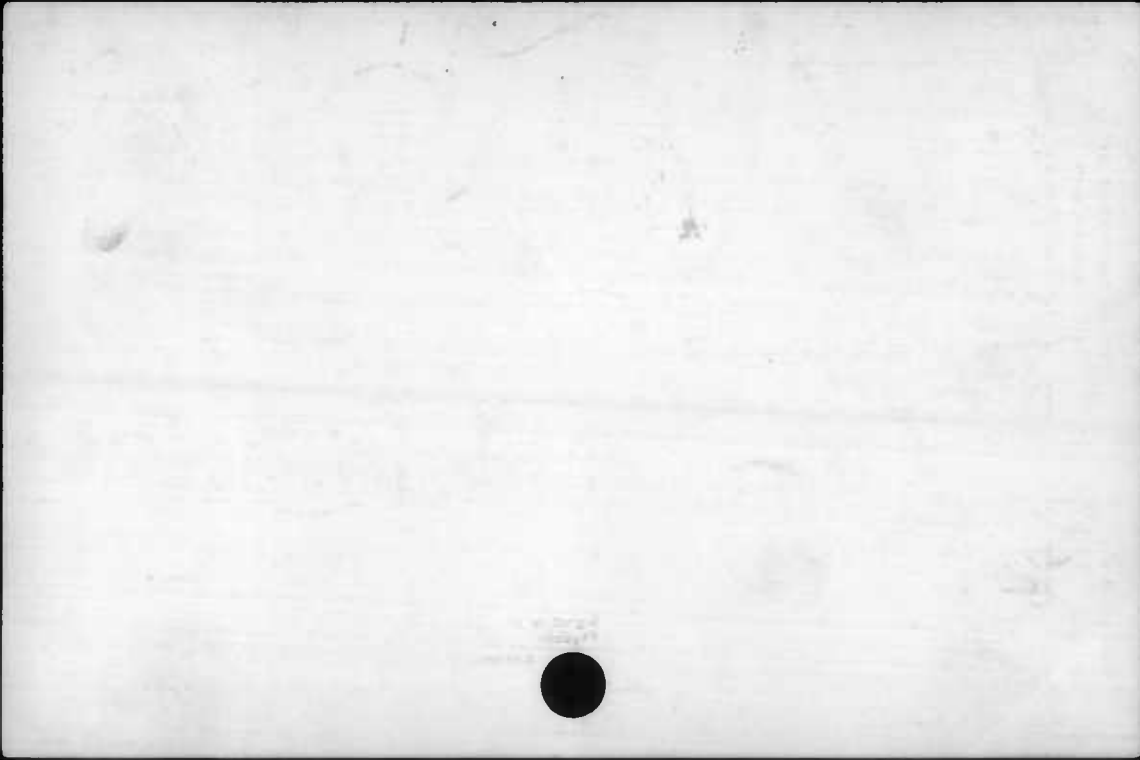
W. B. K. Lee

Address

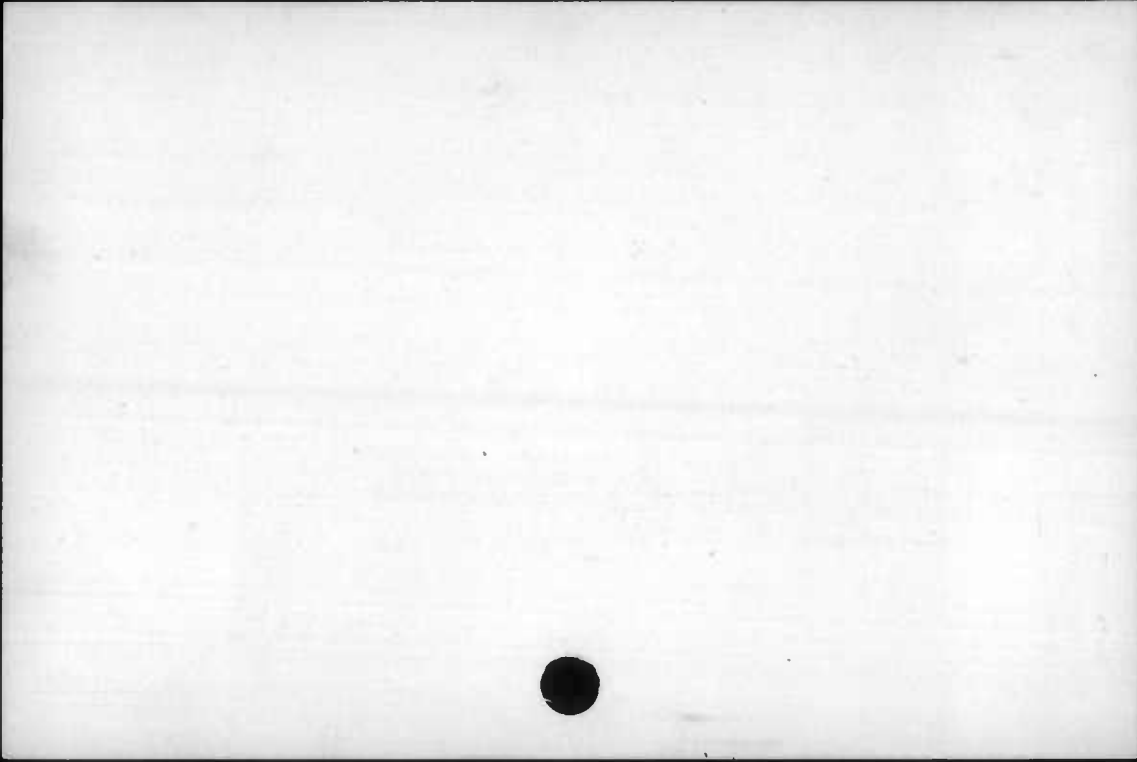
Coron
Baltimore Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full Irene Crowner		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Shady Side Town	R. A. County	
	MARYLAND		
	Date of death 1909 Dec 8	Age —	Months 4
	Sex Female	Color or Race Colored	Days 26
	Occupation None	Birth-place Ind	
	Where Residing if not at place of death —		
	Married, Single or Widowed Single	Name of Wife or Husband —	
Father's Name Benj. O. Crowner	Father's Birthplace Ind		
Mother's Maiden Name Katharine B. Scott	Mother's Birthplace Ind		
Name of person giving information B. O. Crowner	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Whooping Cough	How long 2 weeks	
	Immediate Convulsions	How long 2 hours.	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. J. Dent Sub. reg.	
	Did not have a doctor	Address Churchton	
	Accident or Suicide? investigated & found conditions O. K.		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName *Joseph T Davis*
Town *Annapolis* County *St. St.*Died at *Annapolis*
Date of death *1909 Dec. 9* Age *28*
Month *Dec.* Day *9* Years *28* Months *2* DaysSex *Male* Color or Race *White* Birth-place *Annapolis Md*Occupation *Post office clerk* Where Residing if not at place of death Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Geo. H. Davis* Father's Birthplace *Baltimore Ma*Mother's Maiden Name *Mary Binau* Mother's Birthplace *Baltimore Ma*Name of person giving Information *Anthony C Davis* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Bright's disease* How long *4 mths*
uræmic coma How long *12 hrs*Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. J. Murphy*Address *Annapolis Md*Accident or Suicide



Name
in
Full

Helen Davis

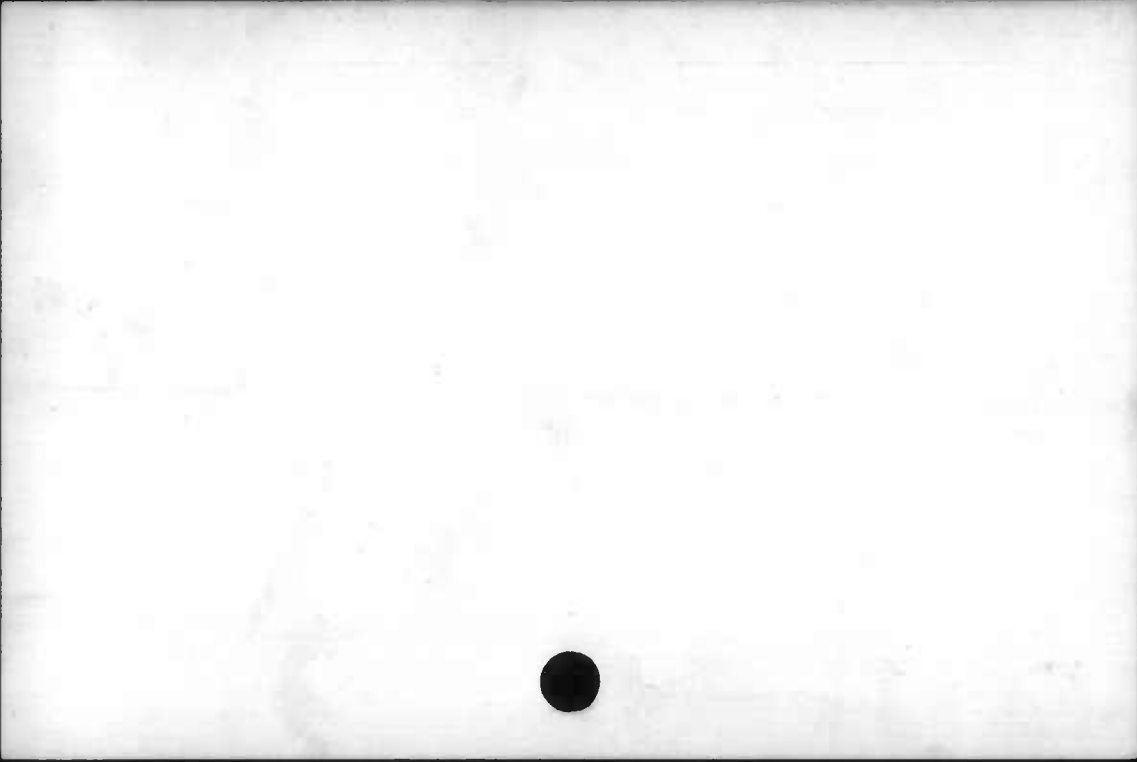
CERTIFICATE OF DEATH

Died at <u>Lothian</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death 1909 <u>Dec</u> ^{Month}		<u>25</u> ^{Day}	Age <u>7</u> ^{Years}	<u>7</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth place <u>Lothian, Md</u>			
Occupation <u>_____</u>		Where Residing if not at place of death <u>_____</u>			

Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>
Father's Name <u>John Davis</u>	Father's Birthplace <u>AA Co. Md</u>
Mother's Maiden Name <u>Maggie Harrod</u>	Mother's Birthplace <u>AA Co Md</u>
Name of person giving Information <u>John Davis</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

Primary <u>Pertussis</u>	How long <u>2 weeks</u>
Immediate <u>Respiratory failure</u>	How long <u>1 hour</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. C. Davis, M.D.</u>
	Address <u>Lothian, Md</u>
Accident or Suicide <u>_____</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hermit - R. Wiggs
Town County

Died at *Dumfries Md. a. a. c.* MARYLAND

Date of death 190 *9* Month *Dec* Day *8* Age *13* Months _____ Days _____

Sex *male* Color or Race *Colored* Birth-place *Dumfries*

Occupation _____ Where Residing if not at place of death *Dumfries Md*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Thomas Wiggs* Father's Birthplace *unknown*

Mother's Maiden Name *Mary Gilbert* Mother's Birthplace *unknown*

Name of person giving Information *Glenn Gilbert* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

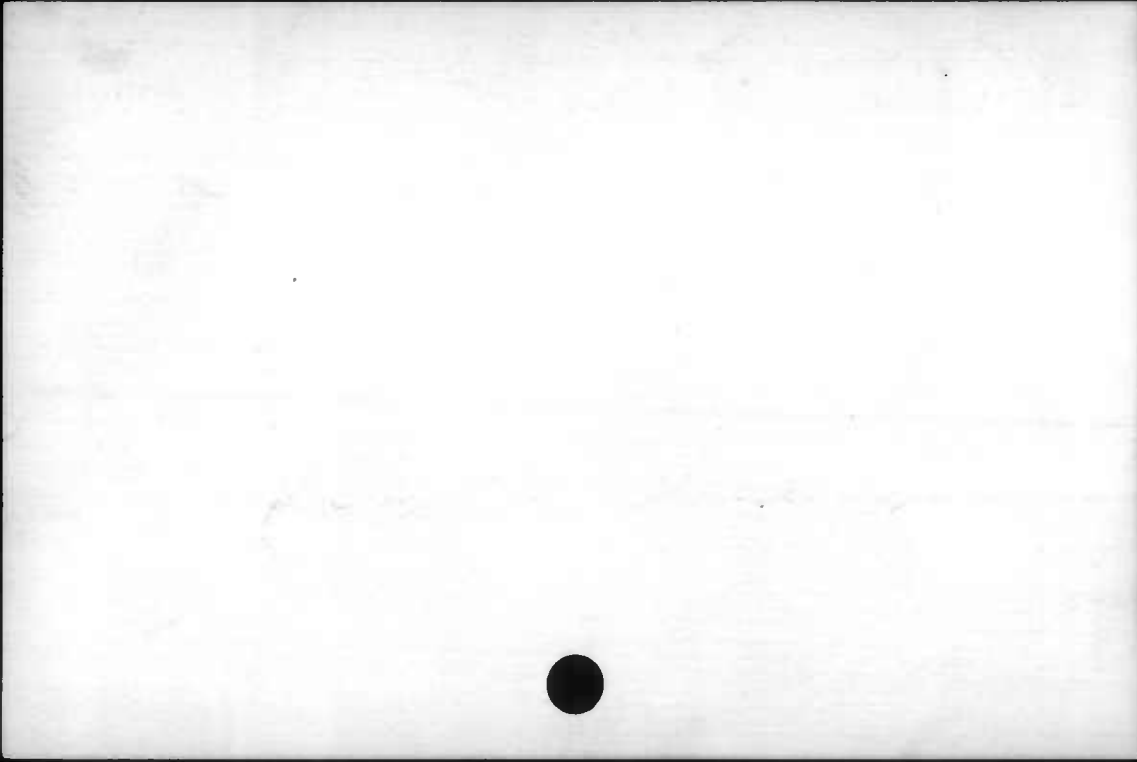
Primary *Broncho-Pneumonia* How long *One month*

Immediate *Cardiac dysfunction* How long *24 hours*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *R. S. Reese*

Address *60 Cathedral St. Annapolis, Md*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Governors Bridge* *A.A. Co*

Date of death 1909 *Dec.* *12* Age *68*

Sex *Male* Color or Race *White* Birth-place *W. Virginia*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Fawcett*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *Margaret Donaldson* How related to deceased *wife*

CAUSES OF DEATH

Primary *Cerebral hemorrhage* How long *Found dead in bed*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. R. Davidson
Davidsonville
md

Accident or Suicide

Permit issued to
remove box to
Washington Dec. 12. 1909.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Gordon

Town

Died at County Home

County

Anne Arundel

MARYLAND

Date

of death 1909

Month

Dec

Day

16

Years

28

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Spain

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
information

Owing Lewis

How related
to deceased

No relation

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

How long

1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

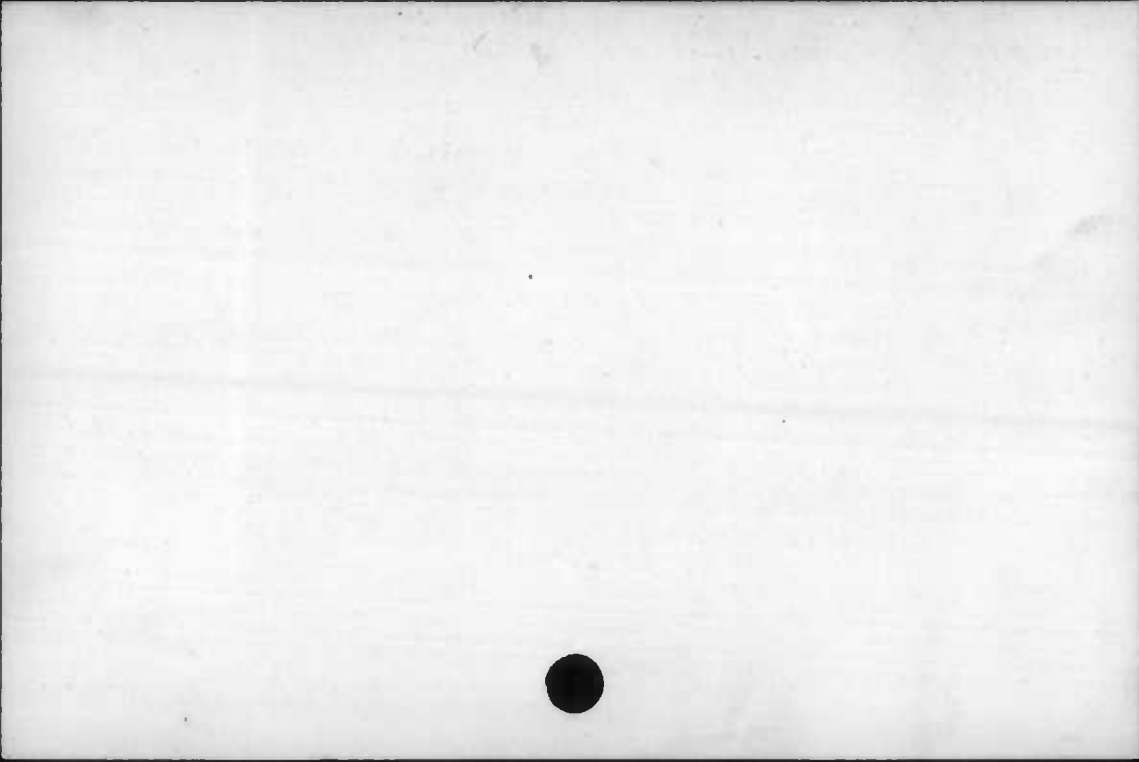
John Collinson

Address

South River

Accident or Suicide?

Md



Name
in
Full

CERTIFICATE OF DEATH

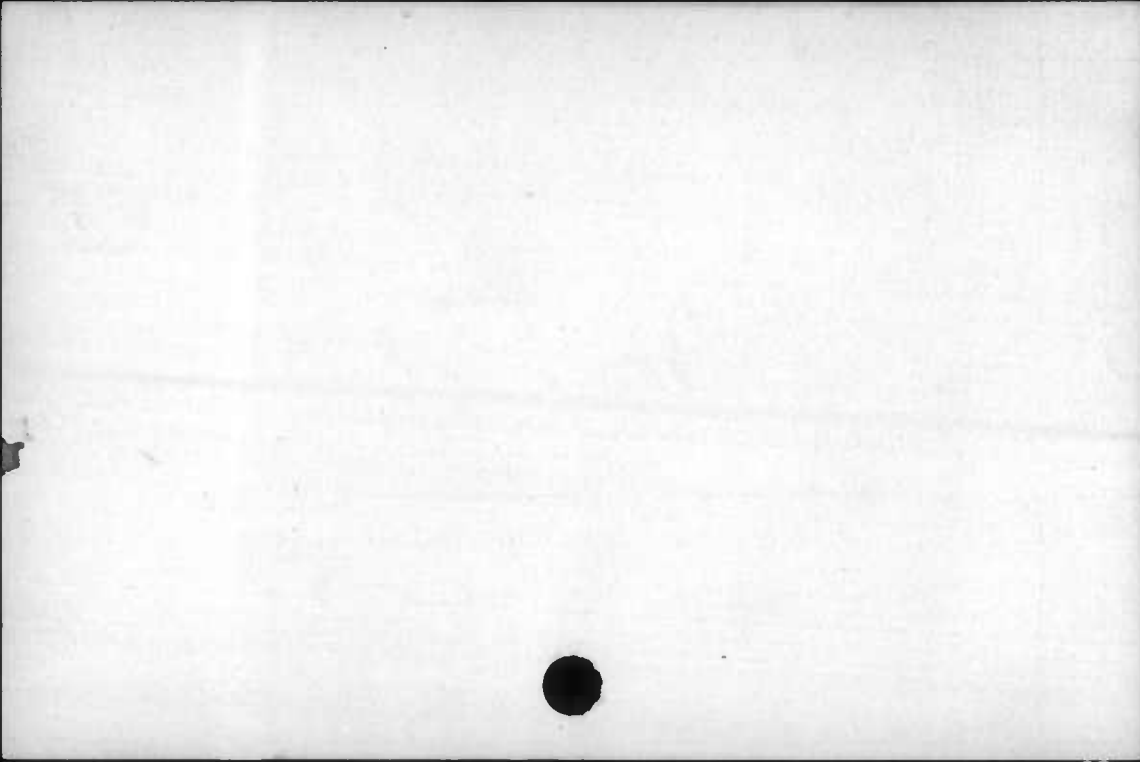
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Esterka Jr		Town So. Balto		County a-a		MARYLAND	
Died at So. Balto		Month Dec		Day 4		Age one	
Date of death 1909		Month Dec		Day 4		Age one	
Sex Male		Color or Race white		Birth-place So. Balto			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name John Esterka Sr				Father's Birthplace Austria			
Mother's Maiden Name Frances Trasicex				Mother's Birthplace Austria			
Name of person giving information John Esterka Sr				How related to deceased Father			

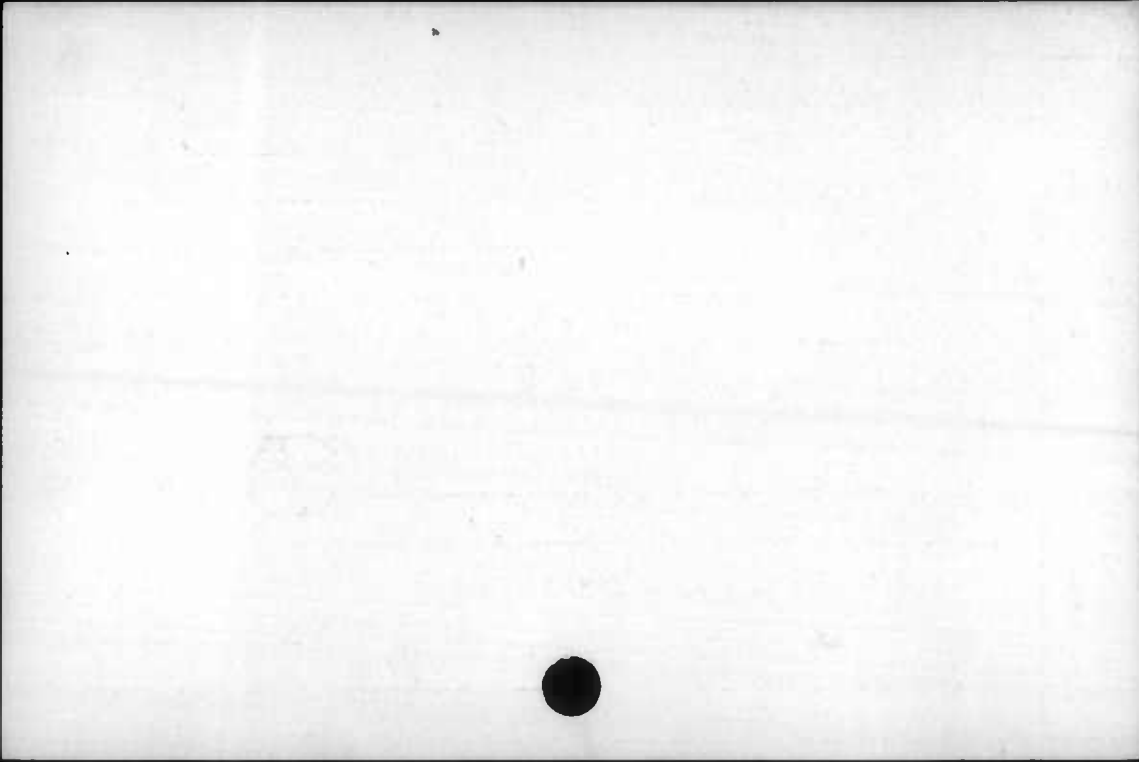
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Convulsions	How long 5 hours
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. B. Horton MD
		Address So. Balto, Md.
Action taken? —		



Name in Full Chas. H. Ford.		CERTIFICATE OF DEATH	
Died at Town Deale		County A.A.	
Date of death 1909		Month Dec	
Day 5-		Age —	
Sex male		Color or Race white	
Occupation none		Birth-place Ind.	
Where Residing if not at place of death —		Months 1	
Days 5-		Father's Birthplace Ind	
Married, Single or Widowed single		Name of Wife or Husband —	
Father's Name Charles Ford		Mother's Birthplace Ind.	
Mother's Maiden Name Mary Lloyd		How related to deceased Father	
Name of person giving information Charles Ford		8	
CAUSES OF DEATH			
Primary Whooping Cough		How long 3 weeks	
Immediate Capillary Bronchitis		How long 2 days.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. J. Lent. Sub. reg.	
Address Chur chion		Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Sarah E Franklin

Town

County

Died at

Wagner Point

A. A. Co

MARYLAND

Date

of death 1904 Dec

Month

Day

15

Years

Age 49

Months

5

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Middlesex Va

Occupation

None

Where Residing if not
at place of death

Wagner Point

Married, Single
or Widowed

Widow

Name of Wife or
Husband

George Lunsch

Father's
Name

Frank W Royster

Father's
Birthplace

Glouster Va

Mother's
Maiden Name

Mary Wheeler

Mother's
Birthplace

Middlesex Va

Name of person giving
Information

Annie Schuck

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

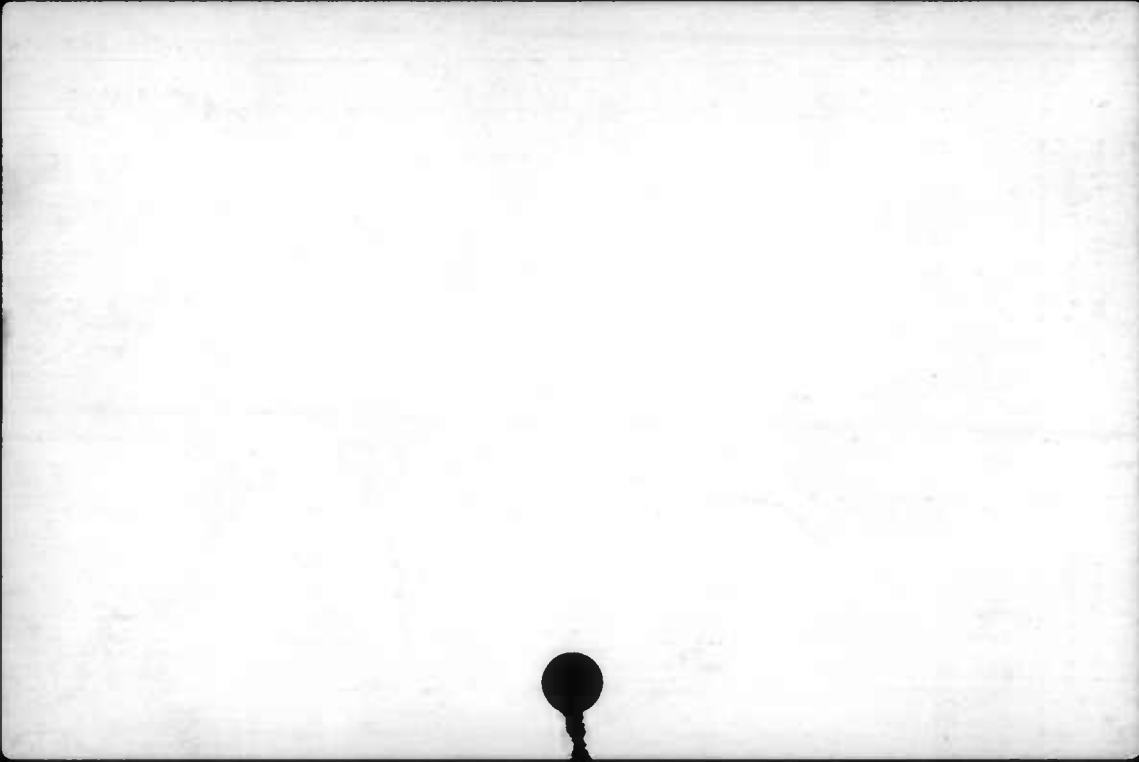
Chas. H. Brooks

Address

Brooklyn Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still born

Glodeck

CERTIFICATE OF DEATH

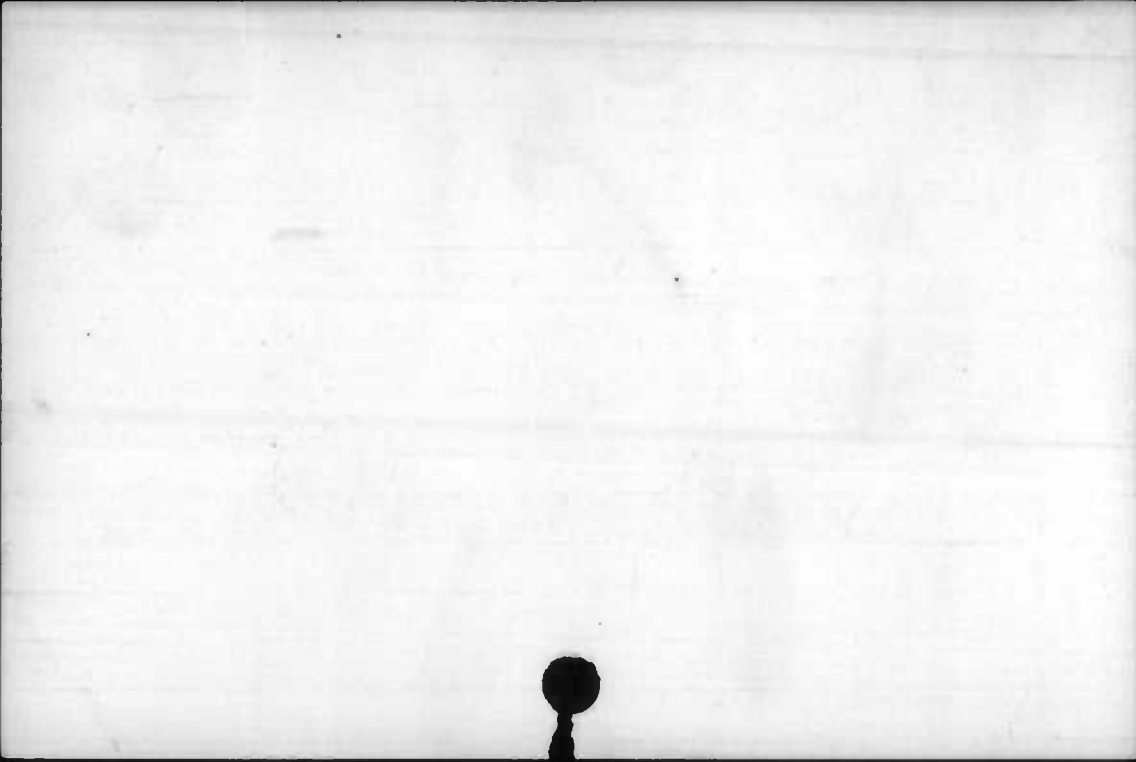
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fairfield</u> ^{Town}		<u>AA</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	<u>Dec</u> ^{Month}	<u>5</u> ^{Day}	Age <u>—</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Fairfield</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>James Glodeck</u>			Father's Birthplace	<u>Austria</u>
Mother's Maiden Name	<u>Helen Ciesnyske</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Helen Glodeck</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born - Premature birth</u>	How long	<u>SV</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Thos. B. Horton M.D.</u>
		Address	<u>So. Balto, Md.</u>
Accident or Suicide?		<u>—</u>	



Name
in
Full

Wm. Green

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Conaway.

Date

of death

1909

Month

Dec

Day

13

Age

Years

13 47

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Male

Color or
Race

Black

Birth-
place

A. A. Co.

Occupation

Laborer

Where Residing if not
at place of death

Conaway

Married, Single
or Widowed

Married

Name of Wife or
Husband

Maria Harrod.

Father's
Name

Richard Green

Father's
Birthplace

A. A. Co.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Maria Green.

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Tuberculosis.

How long

About 6 years.

Immediate

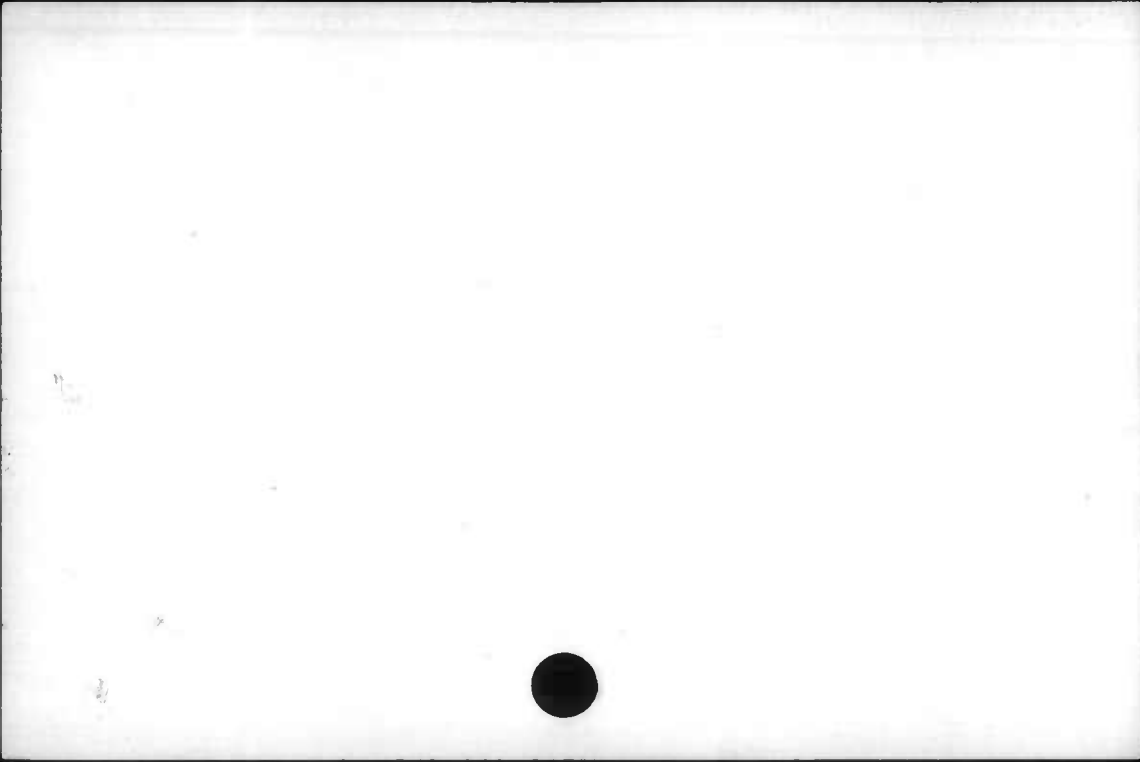
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

N. G. Williams
Cambridge Ma.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name James I Hall Town Admiral County Anne Arundel MARYLAND
Died at
Date of death 190 9 Month Dec Day 6 Age 4 Years 26 Months 4 Days
Sex Male Color or Race Colored Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Andrew I Hall Father's Birthplace Maryland
Mother's Maiden Name Mary McCallan Mother's Birthplace Ind
Name of person giving Information Andrew I Hall How related to deceased father

CAUSES OF DEATH

Primary Impaired nutrition How long 2 mos
Exhaustion How long 3 days
Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

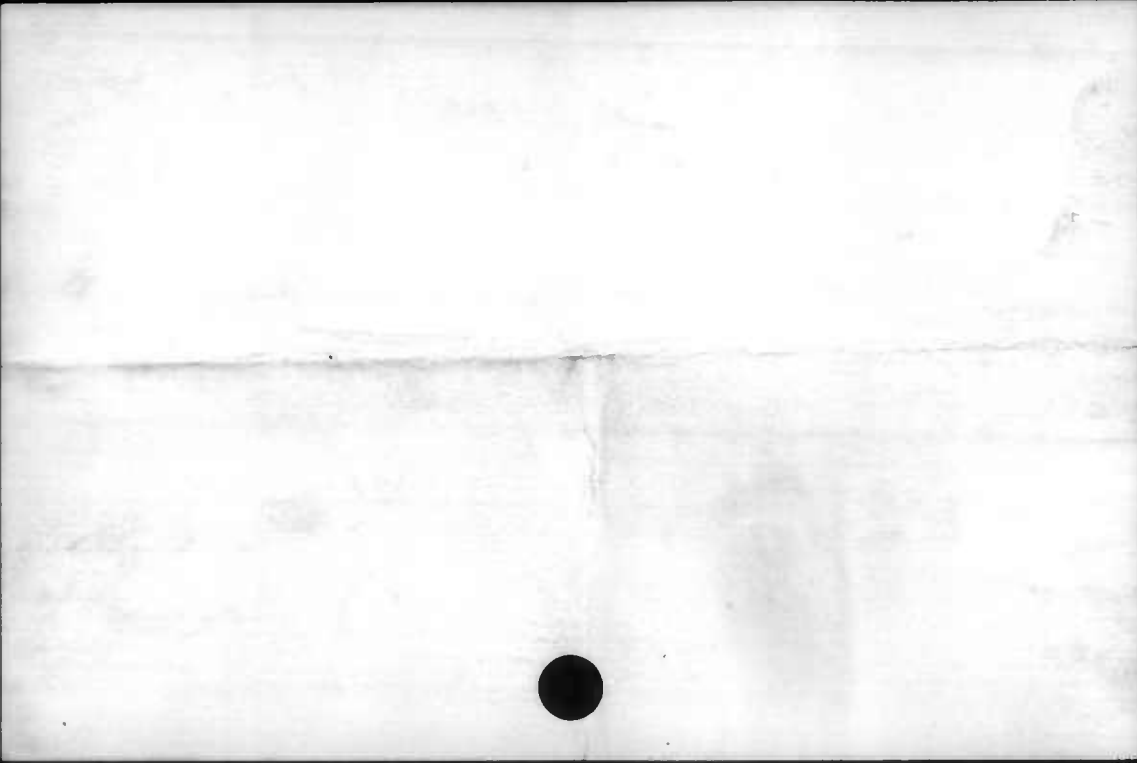
Signature of Physician

Address

D J McNewen
Adenton

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary V. Hall

CERTIFICATE OF DEATH

MARYLAND

Died at Onan Town A. A. County

Date of death 1909 Month 12 - Day 14. Age Years Months 2 Days

Sex female Color or Race Negro Birthplace MarylandOccupation in fruit Where Residing if not at place of deathMarried, Single None
~~or Widowed~~ Name of Wife or HusbandFather's Name Victor Hall Father's Birthplace MarylandMother's Maiden Name Clara Diggs Mother's Birthplace MarylandName of person giving Information Clara Diggs How related to deceased Mother

CAUSES OF DEATH

Primary apparently Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Peau. acting as
Coroner

Accident or Suicide

CoronerE. D. Joyce, Justice of the
Millersville Ind.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

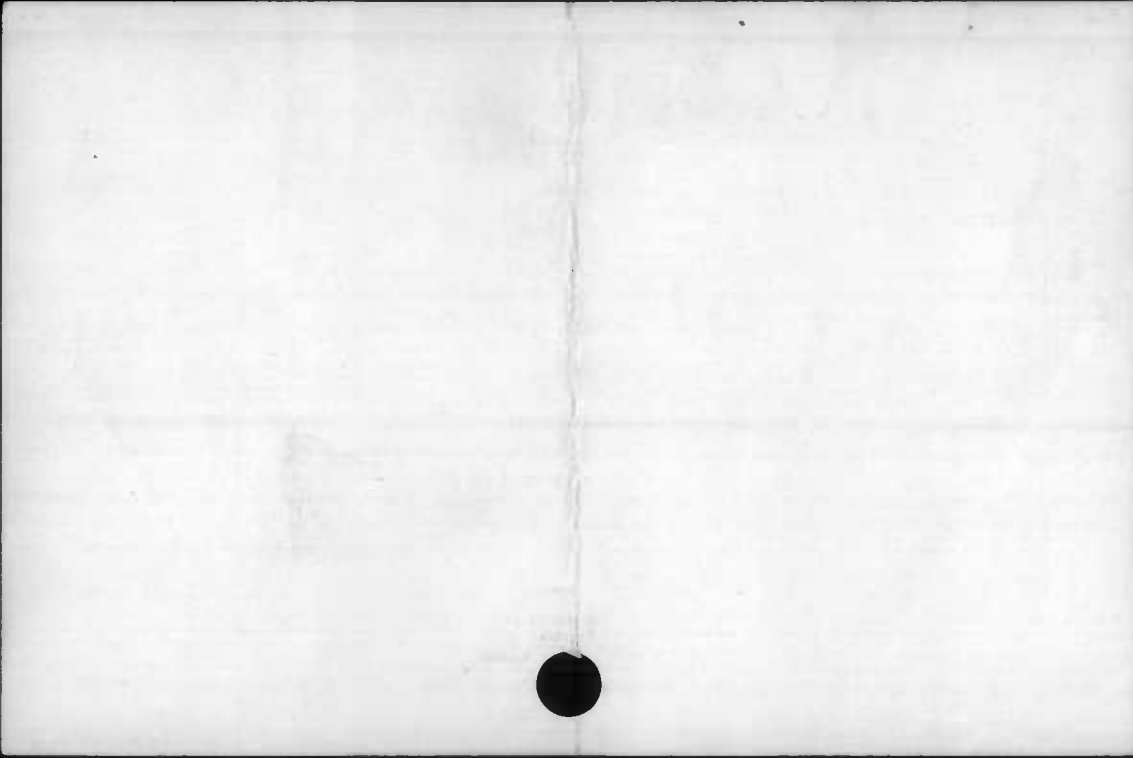
Name in Full <i>James Harrison</i>		Town <i>New Bowie</i>		County <i>Anna Arundel</i>		MARYLAND	
Died at <i>New Bowie</i>		Month <i>Dec</i>		Day <i>11</i>		Age <i>74</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Anna Arundel Co</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harriett Harrison</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Thornton Jackson</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

92

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James H. Thutt</i>
Accident or Suicide <i>no</i>	Address <i>Bowie MD.</i>

PHYSICIAN
OR CORONER



Name in Full Clara Higgs		CERTIFICATE OF DEATH	
Town Omar		County Anne Arundel	
Died at Omar		MARYLAND	
Date of death 1909 DEC 21	Month DEC	Day 21	Age 21
Sex Female	Color or Race Black	Birth-place A.A.Co. Md	Months Days
Occupation Housewife	Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Virgil M. Higgs	Father's Birthplace A.A.Co.		
Mother's Maiden Name May Richardson	Mother's Birthplace A.A.Co.		
Name of person giving Information	How related to deceased ✓		
CAUSES OF DEATH			
Primary Tuberculosis	How long 9 years		
Immediate Dec. 21st. 1909	How long 4 months		
Are the name, age, sex, color, date and place correctly given above? Yes for about 3 mos.			
Signature of Physician H. V. Grant		Address Millersville	
Accident or Suicide			

Name
in
Full

Lora May Heller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

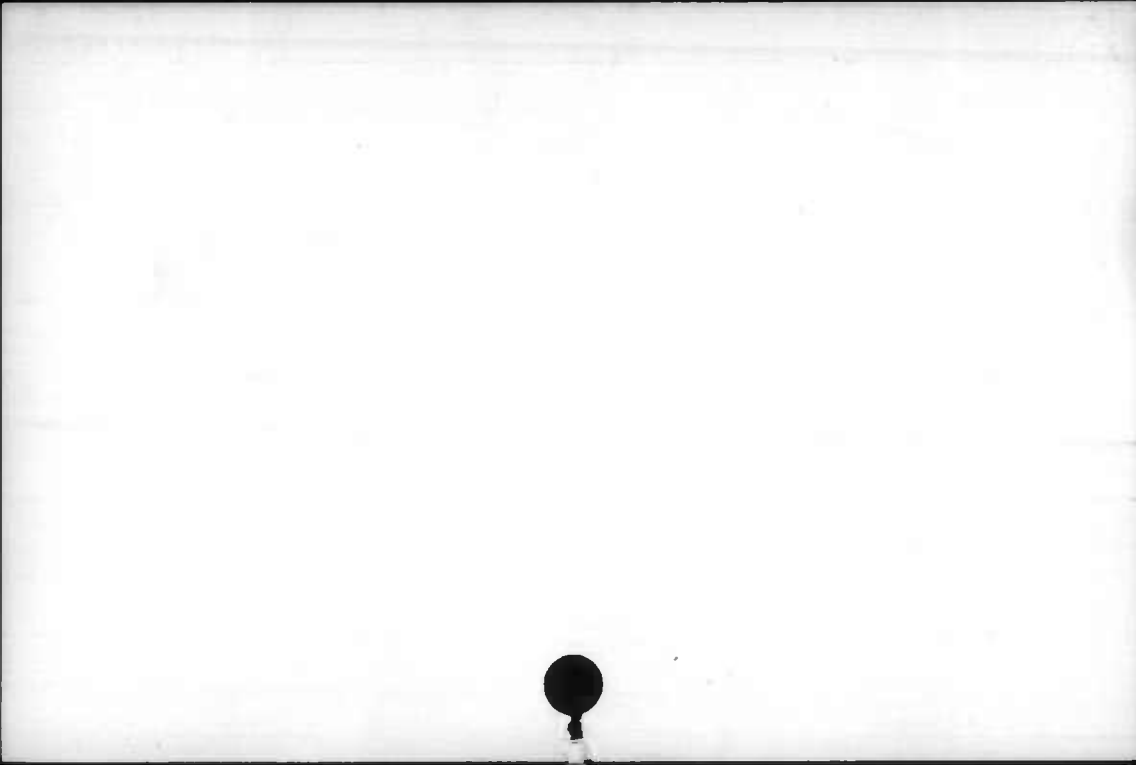
Died at <i>Eastport</i> ^{Town}		<i>A. A. Co.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>30</i>	Age <i>29</i>	Months <i>10</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Schale Iowa.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Eastport.</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Henry F. Heller.</i>			
Father's Name <i>Robert W. Donaghy.</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown.</i>			
Name of person giving Information <i>Henry F. Heller.</i>		How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

89

PHYSICIAN
OR CORONER

Primary <i>Nyxodina</i>	How long <i>1 year</i>
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>J. J. Murphy.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide	



Name
in
Full

Samuel Holland

CERTIFICATE OF DEATH

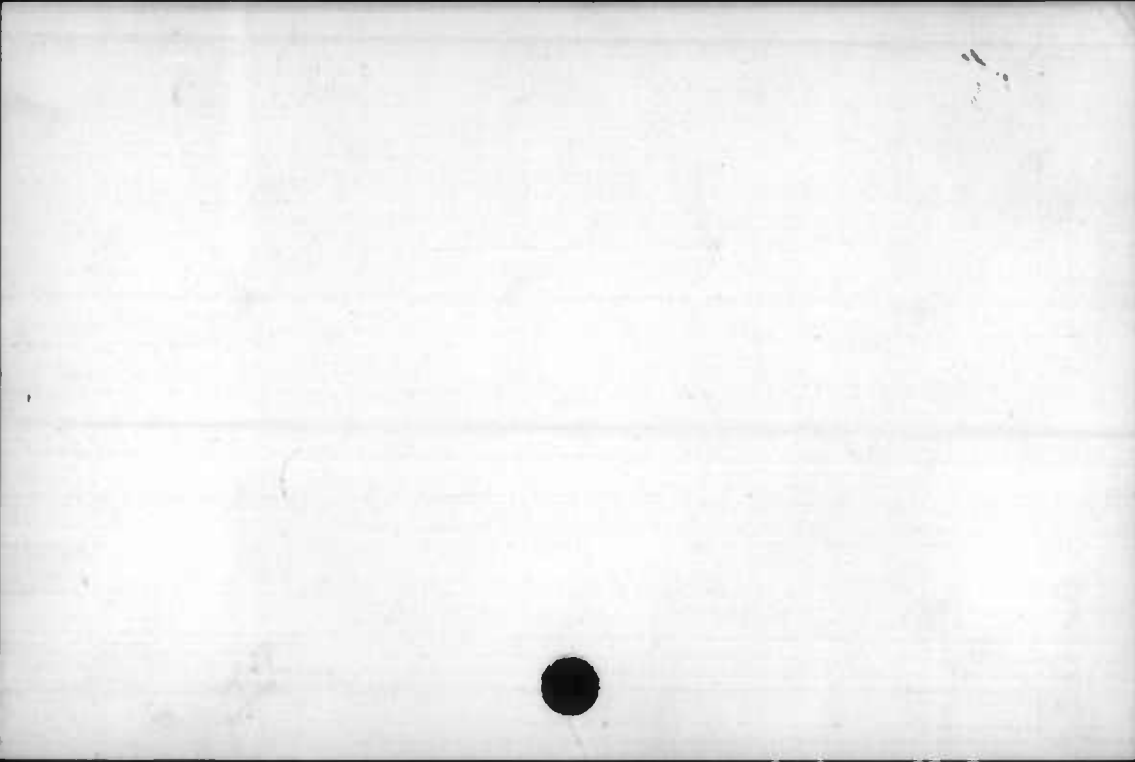
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Churchton ^{Town}		County Anne Arundel		MARYLAND	
Date of death 1909 Dec 19		Age —		Months 4	Days 20
Sex Male	Color or Race Colored	Birth-place near Churchton, Md.			
Occupation none		Where Residing if not at place of death —			
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Jacob A. Holland	Father's Birthplace A. A. Co. Md.		Mother's Birthplace Calvert Co. Md.		
Mother's Maiden Name Mary E. Johnston	How related to deceased Father.				
Name of person giving information Jacob A. Holland					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough	How long 2 weeks
Immediate Broncho-pneumonia Asphyxia	How long 12 hours
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Dr. P. W. Wilson M.D.
	Address Churchton A. A. Co. Md.
Accident or Suicide?	



Name
in
Full

Benj. J. Hopkins

CERTIFICATE OF DEATH

Died at ^{Town} *Calverways* ^{County} *aa*

MARYLAND

Date of death 1909 ^{Month} *12* ^{Day} *20* ^{Years} *63* Age *63*^{Months} ^{Days}Sex *Male* Color or Race *Negro* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife *Fanny Hopkins*
*Husband*Father's Name *Benj. Hopkins* Father's Birthplace *Maryland*Mother's Maiden Name *unknown* Mother's BirthplaceName of person giving Information *Fanny Hopkins* How related to deceased *wife*

CAUSES OF DEATH

Primary *Exposure* How long *178*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. D. Joyce*Address *acting as Coroner*Accident or Suicide *Millersville Ind*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



28

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Brooklyn</i>		County <i>a. a.</i>		MARYLAND	
Month <i>Dec</i>	Day <i>28</i>	Age <i>43</i>	Years <i>8</i>	Months <i>6</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Franklin, Pa.</i>			
Occupation <i>Boilermaker</i>		Where Residing if not at place of death <i>Vincent, Indiana</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lena M. Hughes</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Lena M. Hughes</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Paralysis of Heart</i>	<i>at once</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Potee Coroner</i>
	Address <i>Brooklyn, Md</i>
Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>	

Name
in
Full

CERTIFICATE OF DEATH

Osey Ola Elizabeth Hutton

Town

County

MARYLAND

Died at

Tannapolis

A. A.

Date

of death

1909

Month

Dec.

Day

11

Years

Age

—

Months

11

Days

11

Sex

Female

Color or
Race

Colord

Birth-
place

Annapolis

Occupation

Unknown

Where Reaiding if not
et place of death

75 - North West St.

Married, Single
or Widawed

Single

Name of Wife or
Husband

unknown

Father's
Name

Walter Hutton

Father's
Birthplace

Annapolis Md

Mother's
Maiden Nama

Agnes Walker

Mothar's
Birthplace

Annapolis Md

Name of person giving
Information

Agnes W. Hutton

How related
to deceased

Mother

Brewerhill

CAUSES OF DEATH

Primary

Acute Bronchitis

How long

(90)

six days

Immediate

Acute Failure

How long

Immediate

Are the name, age, sex, color, date
and placa correctly given above?

yes

Signature of
Physician

Address

Ambrose Garcia Md.

34, 2nd St

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

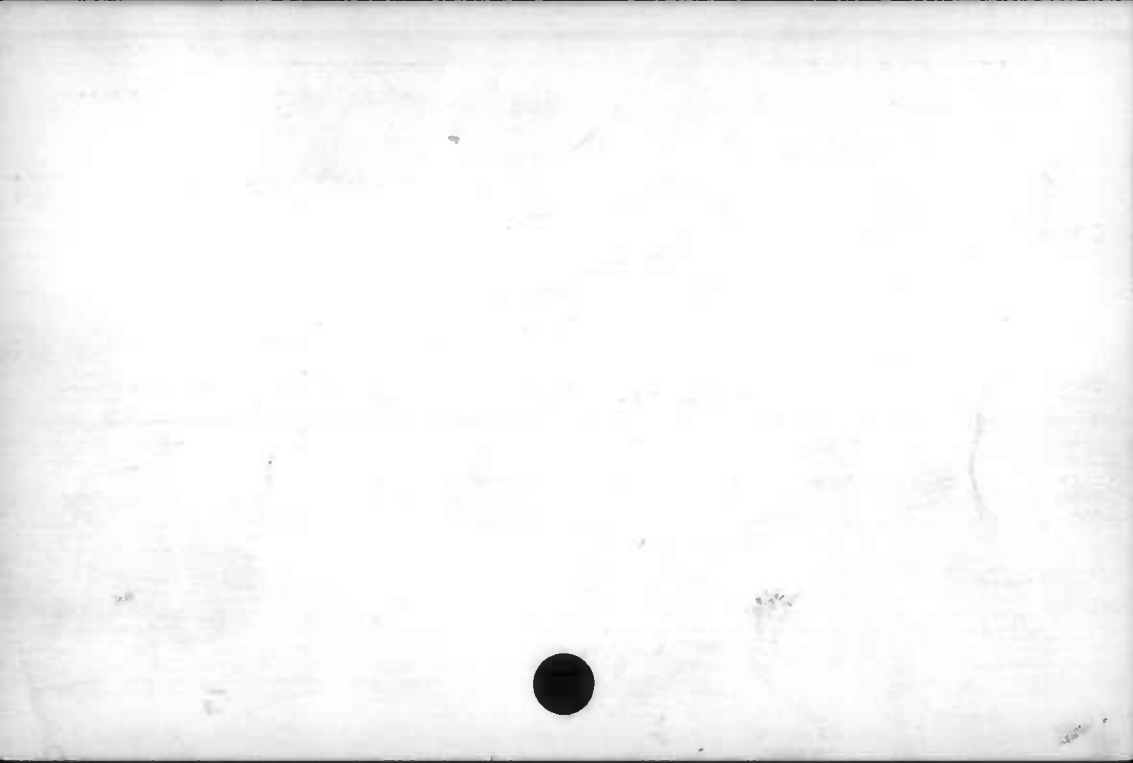
Name in Full James M. Ireland		Town West River		County Anne Arundel		MAYLAND	
Died at West River		Month October		Day 19		Years 68	
Date of death 1909		Month October		Day 19		Years 68	
Sex Male		Color or Race Caucasian		Birth-place Anne Arundel		Months 	
Occupation Farmer		Where Residing if not at place of death 		Days 			
Married, Single or Widowed Married		Name of Wife or Husband Barbara Jane Ireland		Father's Birthplace Calvert Co. Md		Mother's Birthplace Calvert Co. Md	
Father's Name Benjamin Ireland		Mother's Maiden Name Don't Know		How related to deceased Son			
Name of person giving Information George Ireland							

CAUSES OF DEATH

53

Primary Lymphatic Leucocythemia	How long Several yrs
Immediate Cardiac Failure	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Maclane G. Wood, MD
	Address West River Md
Accident or Suicide 	

PHYSICIAN
OR CORONER



Name
in
Full

Harry James Jutt.

CERTIFICATE OF DEATH

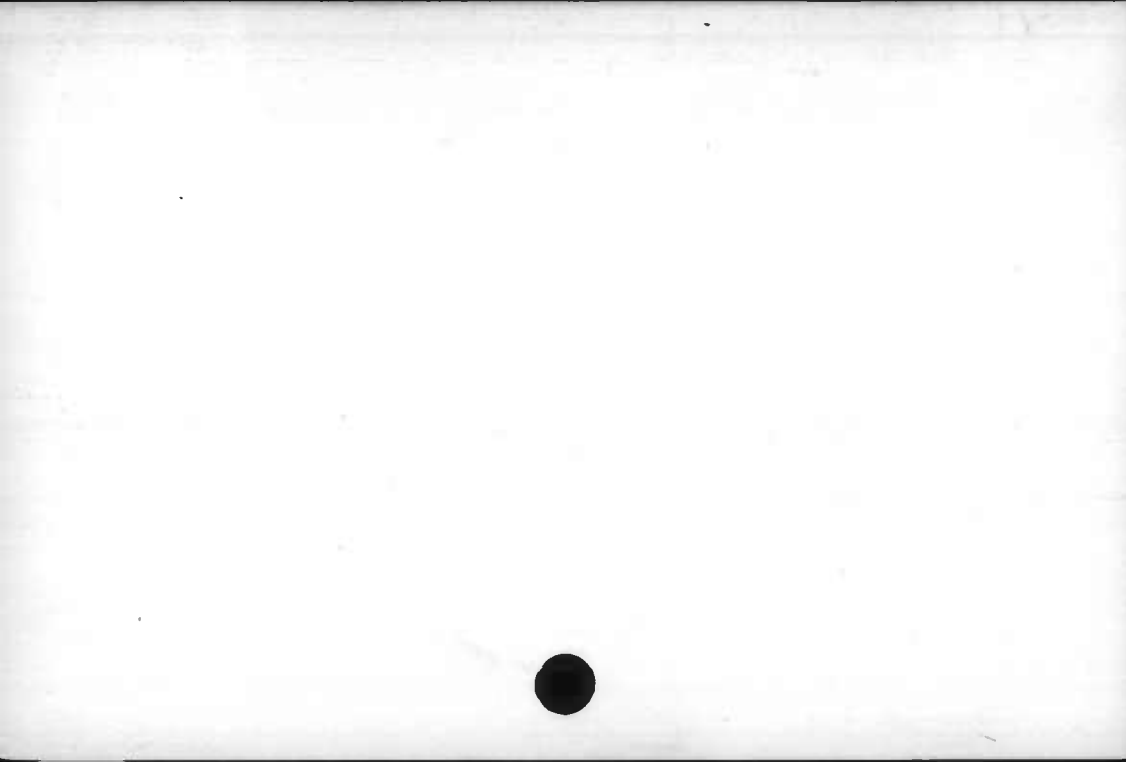
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jacobsville</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	Dec.	22		4	2
Sex	Color or Race		Birth-place		
Male	White		Anne Arundel Co.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
George C. Jutt. Jr.	Anne Arundel Co.				
Mother's Maiden Name	Mother's Birthplace				
Marguerite Heath	Anne Arundel Co.				
Name of person giving Information	How related to deceased				
Lie. C. Jutt. Jr.	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum -		How long	2 months
Immediate	Exhaustion		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		James P. Billingsley M.D.		
		Address		
		Elvaton Md		
Accident or Suicide		No.		



Name
in
Full

Marie L Kaiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

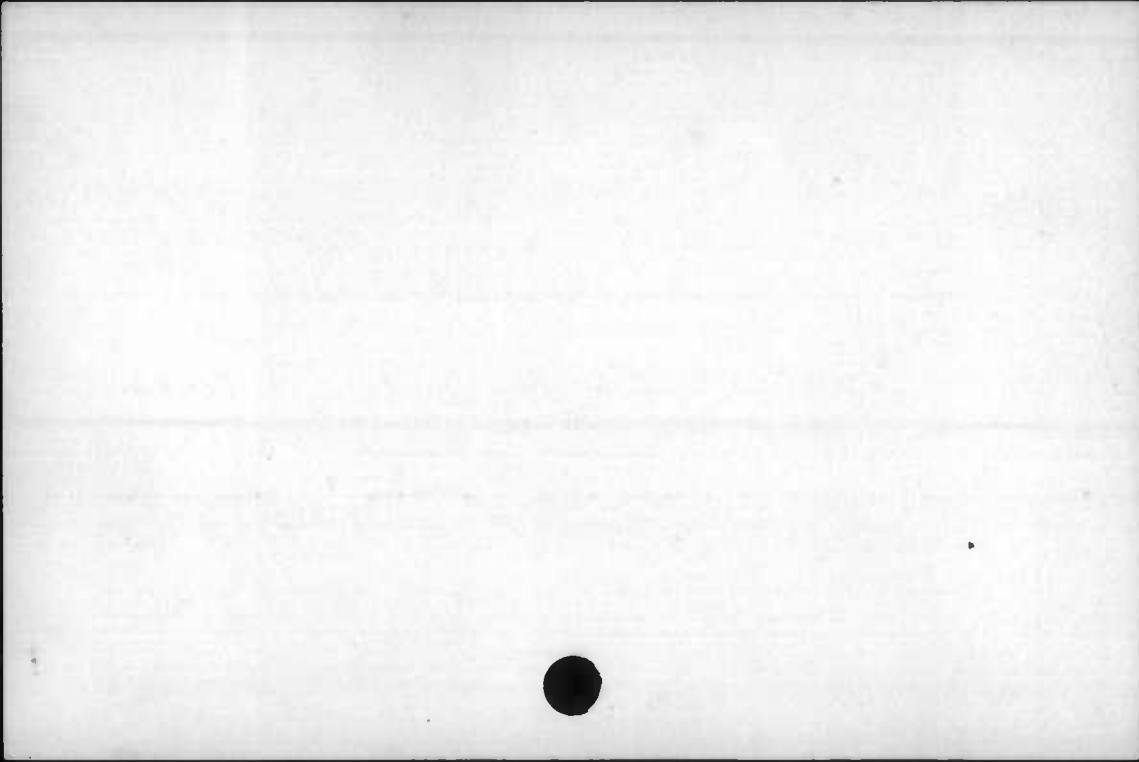
Died at <u>So. Baltz</u> ^{Town}		<u>A.A.</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month	<u>Dec</u>	Day	<u>7</u>
Age		<u>—</u>		Years	<u>6</u>
Sex		<u>Female</u>		Color or Race	<u>white</u>
Occupation		<u>—</u>		Birth-place	<u>So. Baltz. Md.</u>
Where Residing if not at place of death		<u>—</u>			
Married, Single or Widowed		<u>—</u>			
Name of Wife or Husband		<u>—</u>			
Father's Name		<u>John Kaiser</u>		Father's Birthplace	<u>Germany</u>
Mother's Maiden Name		<u>Barbara M. Schmidt</u>		Mother's Birthplace	<u>Baltz. Md.</u>
Name of person giving information		<u>Barbara M. Kaiser</u>		How related to deceased	<u>Mother</u>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>3 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Thos. B. Norton M.D.</u>	
		Address	
		<u>So. Baltz, Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Hammer Sr

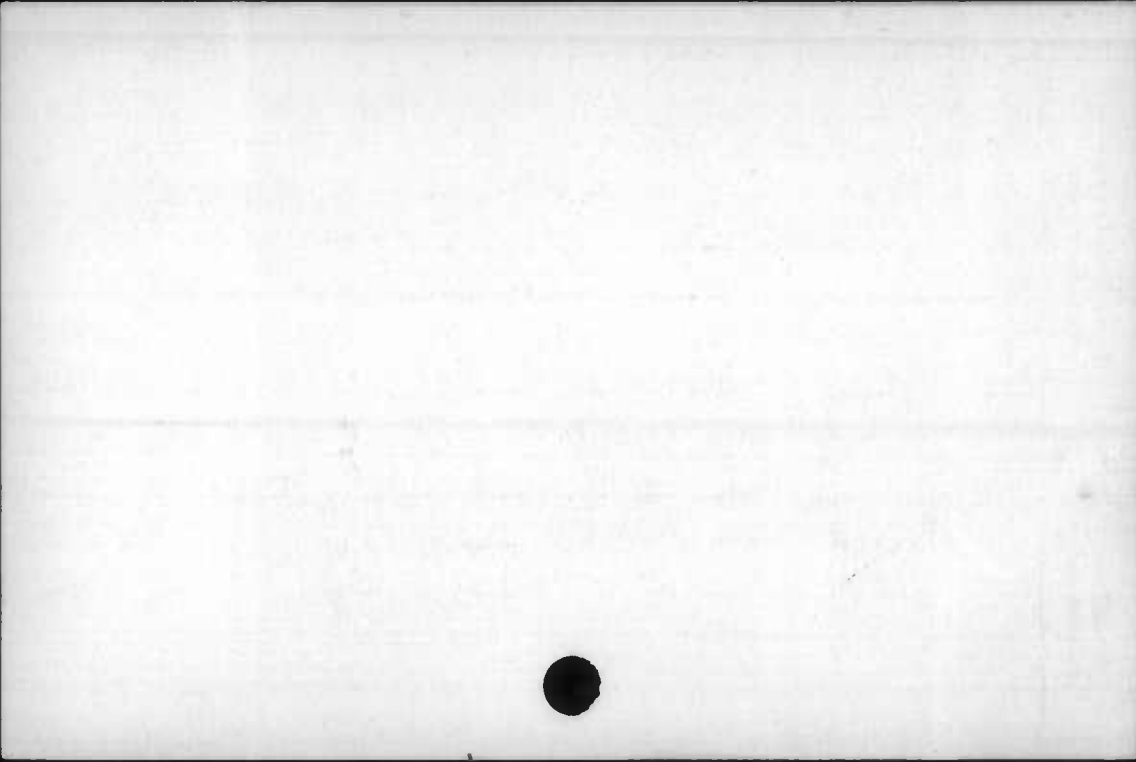
Died at <i>So. Baltg-</i>		<i>Aut.</i>		MAYLAND	
Date of death	1909	Month	<i>Dec</i>	Day	<i>16th</i>
Age		<i>60</i>		Months	
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>Carpenter</i>		Birth-place	<i>Germany</i>	
Where Residing if not at place of death		<i>1711 Brunt St, Baltg</i>			
Married, Single	<i>Single</i>		Name of Wife or Husband	<i>Pauline Hammer</i>	
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>John Hammer Jr</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Fractured Spine at South Baltg Car & Foundry Co</i>	
Immediate	<i>Caught between two cars at South Baltg Car & Foundry Co</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	
Signature of Physician	<i>John C. Potter</i>	
Address	<i>Brooklyn, Md</i>	
Accident	<i>Yes</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elijah Bass Munford Kennedy

Town

County

MARYLAND

Died at Annapolis

Anne Arundel

Date

of death 190

Month

Day

Years

Months

Days

9 December 27 Age 34

Sex

Female

Color or
Race

White

Birth-
place

Montgomery Ala

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Divorced

Name of Wife or
Husband

Anthony K. Kennedy

Father's
Name

William Munford

Father's
Birthplace

Richmond Va

Mother's
Maiden Name

Mary Frances Bass

Mother's
Birthplace

Montgomery Ala

Name of person giving
Information

G. W. Y. the Munford

How related
to deceased

brother

CAUSES OF DEATH

Primary

Pneumonia

How long

5 days

Immediate

Asthma

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

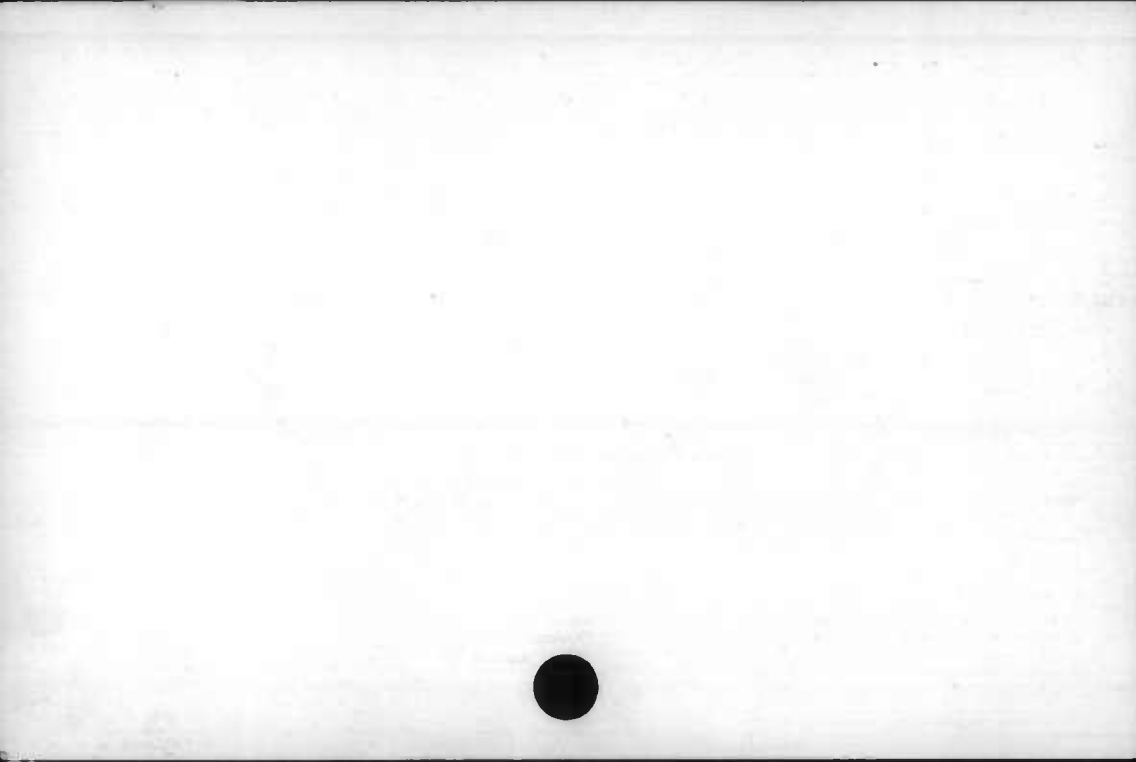
J. M. S. Welch

Address

Annapolis

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Knacksteadt —
Town

County

Anne Arundel

MARYLAND

Died at *Annapolis*

Date of death 190 *9* Dec.

Month

Day

8

Age

Years

Months

Days

Sex
Occupation

male

Color or
Race

white

Birth-
place

Annapolis

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Louis Knacksteadt -

Father's
Birthplace

Balto Md

Mother's
Maiden Name

Fannie Gubbers -

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Louis Knacksteadt -

How related
to deceased

Brother

CAUSES OF DEATH

Primary

8 mos. Infant

How long

Immediate

Still Born.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S S Hepburn Md.

Address

*Annapolis
Md.*

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

John McDowell Leavitt.

CERTIFICATE OF DEATH

Died at ^{Town} Annapolis ^{County} Anne Arundell MARYLAND
Date of death 1909 December 12 Age 85 Months 7 Days 2.
Sex Male Color or Race White Birth-place Steubenville OHIO, U.S.A.

Occupation Episcopal Clergyman. Where Residing if not at place of death

Married, Single or Widowed Widower. Name of Wife or Husband Bithia Brooks.

Father's Name Humphrey Howe Leavitt Father's Birthplace SUFFIELD, CONN., U.S.A.
Mother's Maiden Name Maria Antoinette McDowell Leavitt Mother's Birthplace CHESTER CO. PENNA., U.S.A.

Name of person giving information Logan Cresap How related to deceased Grandson.

CAUSES OF DEATH

Primary Insanities of age 6 mos. How long
Immediate Asthenia 24 hours How long

Are the name, age, sex, color, date and place correctly given above?

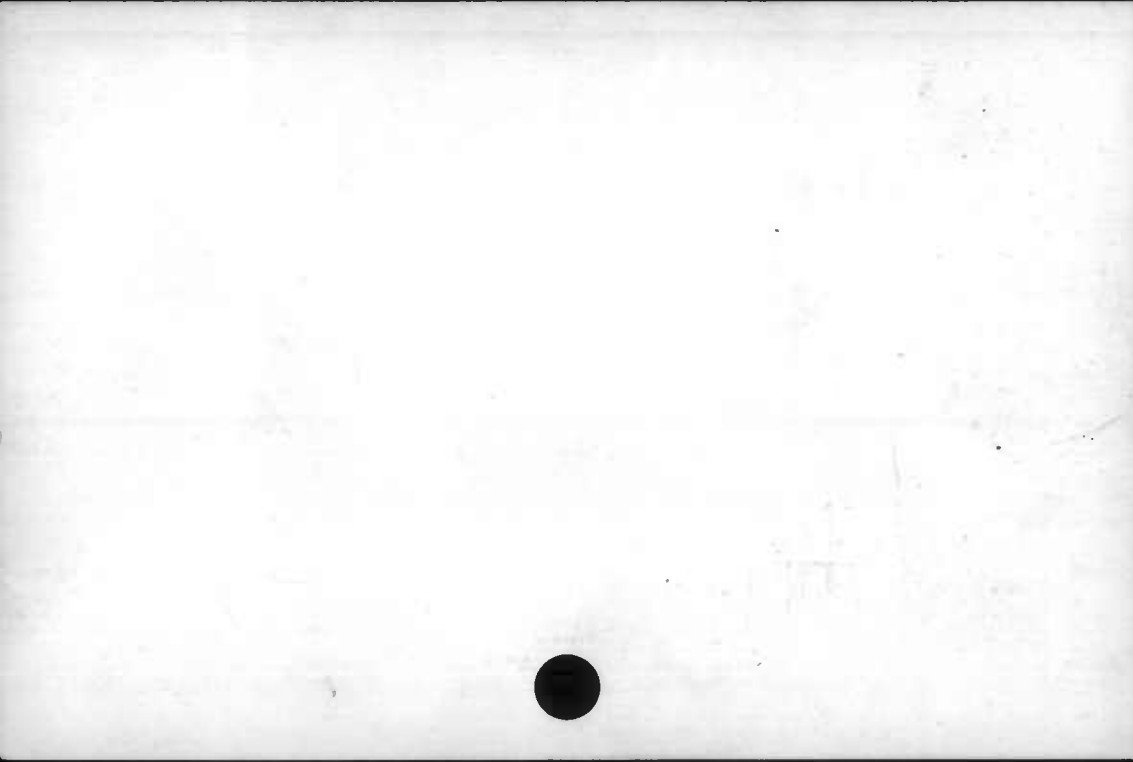
Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

Miranda Mc Clellan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

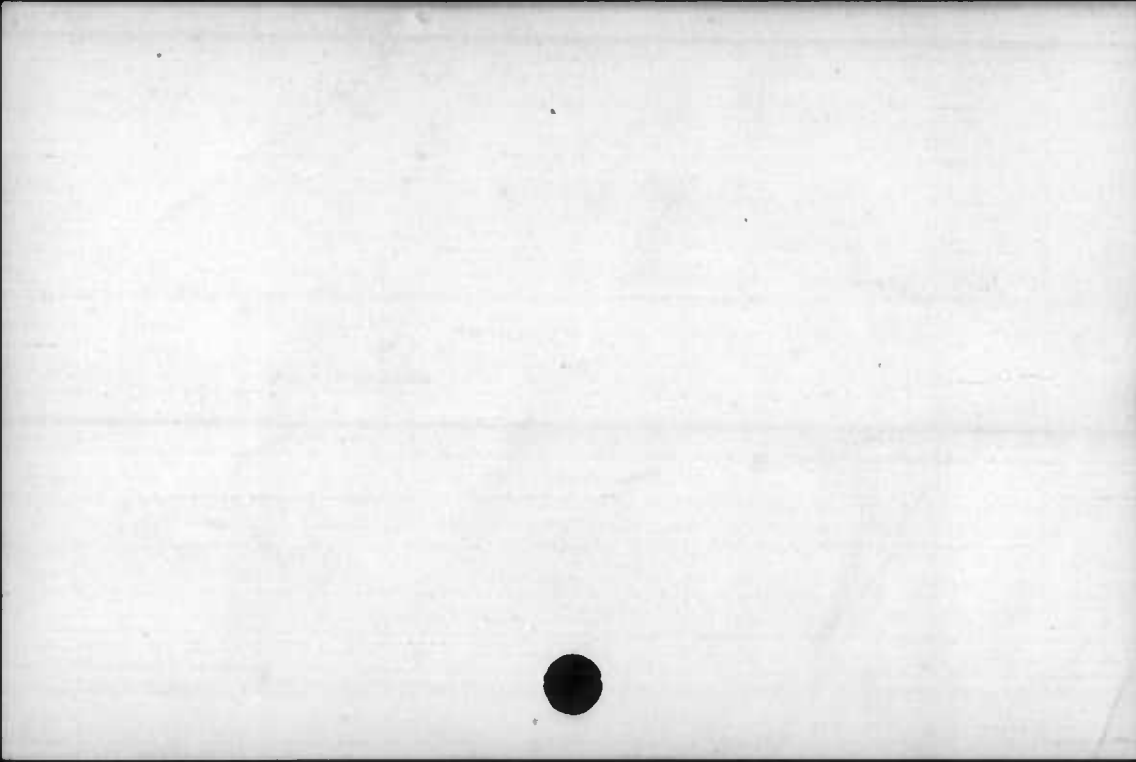
Died at <u>Admiral</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month <u>12</u>	Day <u>16</u>	Age <u>22</u> <small>Years</small>	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>A. A. C. Ind</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>William Mc Clellan</u>			
Father's Name <u>George Hall</u>			Father's Birthplace <u>A. A. C. Ind</u>		
Mother's Maiden Name <u>Annie Johnson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>George Hall</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	<u>Endocarditis</u>	How long	<u>2 months</u>
Immediate	<u>Dyspnoea</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R. A. Hammond</u>	
		Address <u>Jessup Ind</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Franklin M. Pherson
Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis* Month *Dec* Day *29* Years *6* Months *6* Days

Date of death *1909 Dec 29* Age *6*

Sex *Male* Color or Race *Colored* Birth-place *Annapolis*

Occupation _____ Where Residing if not at place of death *5-Cannell St.*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *William M. Pherson* Father's Birthplace *Annapolis*

Mother's Maiden Name *Anna Price* Mother's Birthplace *"*

Name of person giving Information *Anna Price* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Broncho-Pneumonia* How long *92* *3 days*

Immediate *Exhaustion* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. P. Auer* Address *60 Cathedral St. Annapolis Md.*

Accident or Suicide *no*

PHYSICIAN
OR CORONER

U



Name
in
Full

Leon Makell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Churchton</i>		Town <i>Churchton</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Dec</i>	Day <i>5th</i>	Age <i>1</i>	Years <i>5</i>	Months <i>5</i>	Days <i>5</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>near Churchton</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Morris Makell</i>		Father's Birthplace <i>Churchton Md</i>					
Mother's Maiden Name <i>Elizabeth Blunt</i>		Mother's Birthplace <i>Churchton</i>					
Name of person giving Information <i>Charles Blunt</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

Primary	<i>Whooping Cough</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions, Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>G. P. W. Wilson M.D.</i>	
		Address <i>Churchton, Md.</i>	
Accident or Suicide <i>over</i>			

PHYSICIAN
OR CORONER

Interment at Deal Cemetery

Name
in
FullStill Born Infant *Matthew*

CERTIFICATE OF DEATH

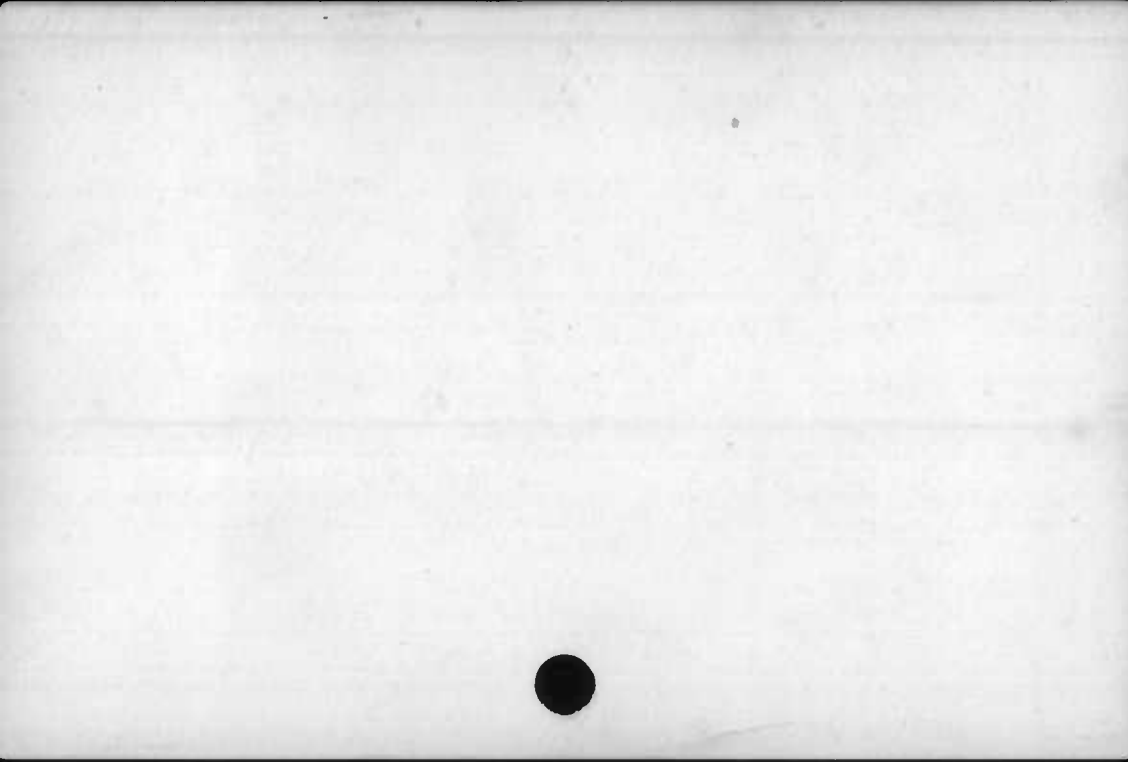
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blentown</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>one</i>		Day <i>12</i>		Age		Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>At Co. Md</i>		Months		Days	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Benjamin Matthews</i>				Father's Birthplace <i>At Co. Md</i>					
Mother's Maiden Name <i>Carrie Nicholson</i>				Mother's Birthplace <i>At Co. Md</i>					
Name of person giving information <i>Mary Nicholson</i>				How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>✓</i>
Immediate	<i>Still Born</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. R. Winters</i>	
		Address <i>Registars</i>	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

CERTIFICATE OF DEATH

Died at

Baby
Eastport

County

Mitchell
Anne Arundel

MARYLAND

Date

of death

1909

Month

Dec

Day

18

Age

—

Years

Months

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Eastport Md

Occupation

None

Where Reaiding if not
at place of death

Married, Single
or Widowed

None

Name of Wife or
Husband

None

Father's
Name

Wm J Mitchell

Father's
Birthplace

A.A.G. Md

Mother's
Maiden Name

Arbridge C. Hall

Mother's
Birthplace

" "

Name of person giving
Information

Wm J. Mitchell

How related
to deceased

Father

CAUSES OF DEATH

Primary

non closure Foramen Ovale

How long

1 day

Immediate

Cyanosis

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm S Welch

Address

Annapolis Md

Accident or Suicide

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Birtha Trissu Mory

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1909 Oct 19* Age *19* Months *6* Days *5*

Sex *Female* Color or Race *Colored* Birth-place *Annapolis*

Occupation *Domestic* Where Residing if not at place of death *16 Clay St*

Married, Single *Married* Name of Wife or Husband *John Mory*

Father's Name *John Walther* Father's Birthplace *Prussia Ger*

Mother's Maiden Name *Oraly Crumpler (Delia)* Mother's Birthplace *Annapolis*

Name of person giving Information *George Walther* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

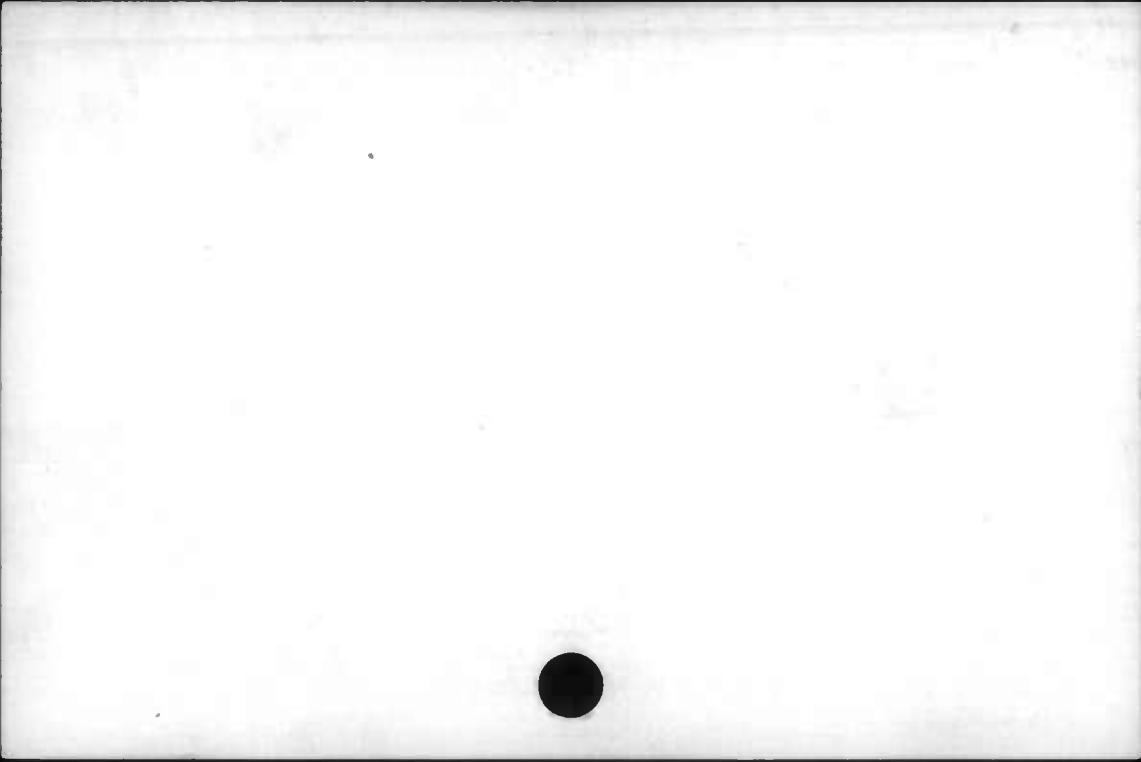
Primary *Pulmonic tuberculosis* How long *27* *3 months*

Immediate *Asthenia* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. D. D. D.* Address *60 Cathedral St. Annapolis Md*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

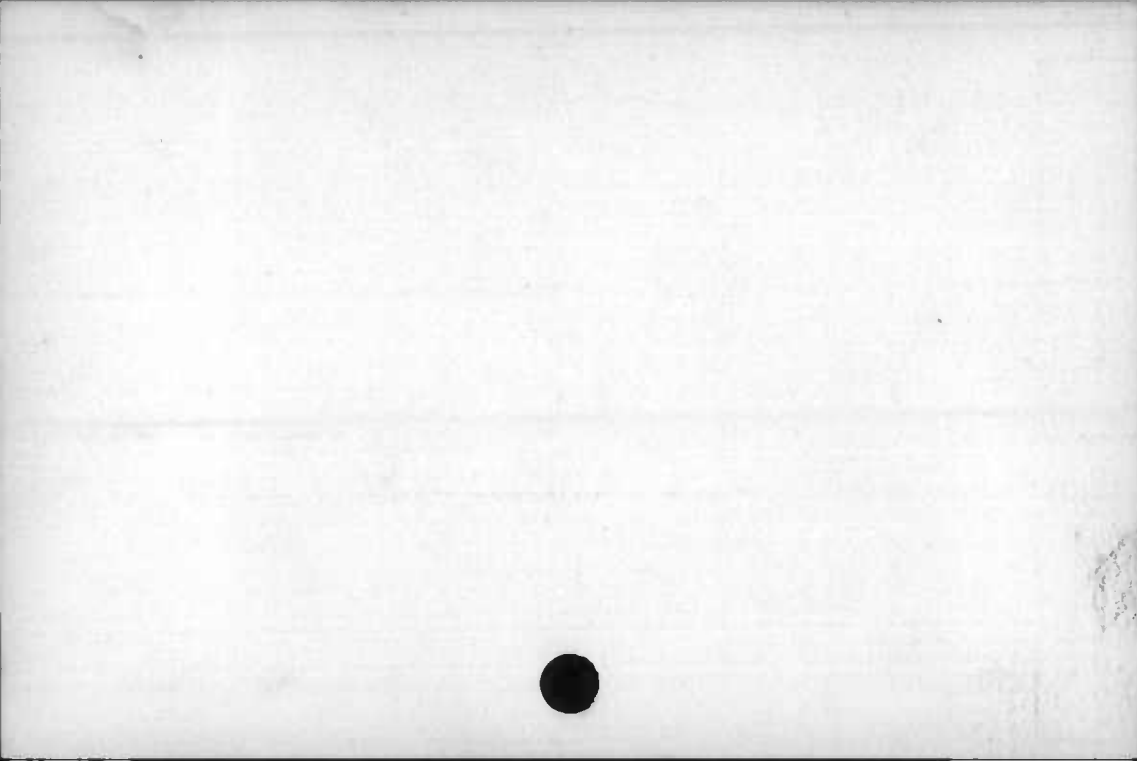
Sophia Molanosky

Died at <i>So. Balto</i> ^{Town}		<i>Q. A.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Dec</i> ^{Month}	<i>7</i> ^{Day}	Age <i>—</i> ^{Years}	<i>10</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>S. Balto, Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Alex Molonosky</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Stanislava Kazibinsky</i>			Mother's Birthplace <i>Russia</i>		
Name of person giving information <i>Alex Molonosky</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i> ^{How long}	<i>one week</i>
Immediate <i>Heart Failure</i>	<i>Immediate</i> ^{How long}	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. B. Fortow md</i>	
	Address <i>S. Balto, Md</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Frances Hall Moxham
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis, Md.

Date

of death

1909

Month

Dec

Day

20

Age

Years

1

Months

11

Sex

Female

Color or
Race

white

Birth-
place

Annapolis

Occupation

Where Residing, If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

F. B. Moxham

Father's
Birthplace

Omaha Neb.

Mother's
Maiden Name

Besse E. Hall

Mother's
Birthplace

Bay City, Mich.

Name of person giving
Information

F. B. Moxham

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Congenital Malnutrition

How long

151

How long

10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. C. Cresswell, M.D.
9 St. John St.
Annapolis, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

THE UNIVERSITY OF
CHICAGO
LIBRARY



Name
in
Full

CERTIFICATE OF DEATH

Mrs. Cornelia Norris
 Died at ^{Town} Churchton ^{County} A. A.

MARYLAND

Date of death 1909 ^{Month} Dec ^{Day} 26 ^{Age} 74 ^{Years} ^{Months} ^{Days}

Sex female ^{Color or Race} white ^{Birth-place} Maryland

Occupation Housewife ^{Where Residing if not at place of death}

Married, Single or Widowed widow ^{Name of ~~Wife~~ Husband} Alex. J. Norris

Father's Name William Hyde ^{Father's Birthplace} Md

Mother's Maiden Name Lucretia Tilly ^{Mother's Birthplace} Md

Name of person giving information W. J. Norris ^{How related to deceased} son

CAUSES OF DEATH

114

Primary Obstructive jaundice ^{How long} 4 months

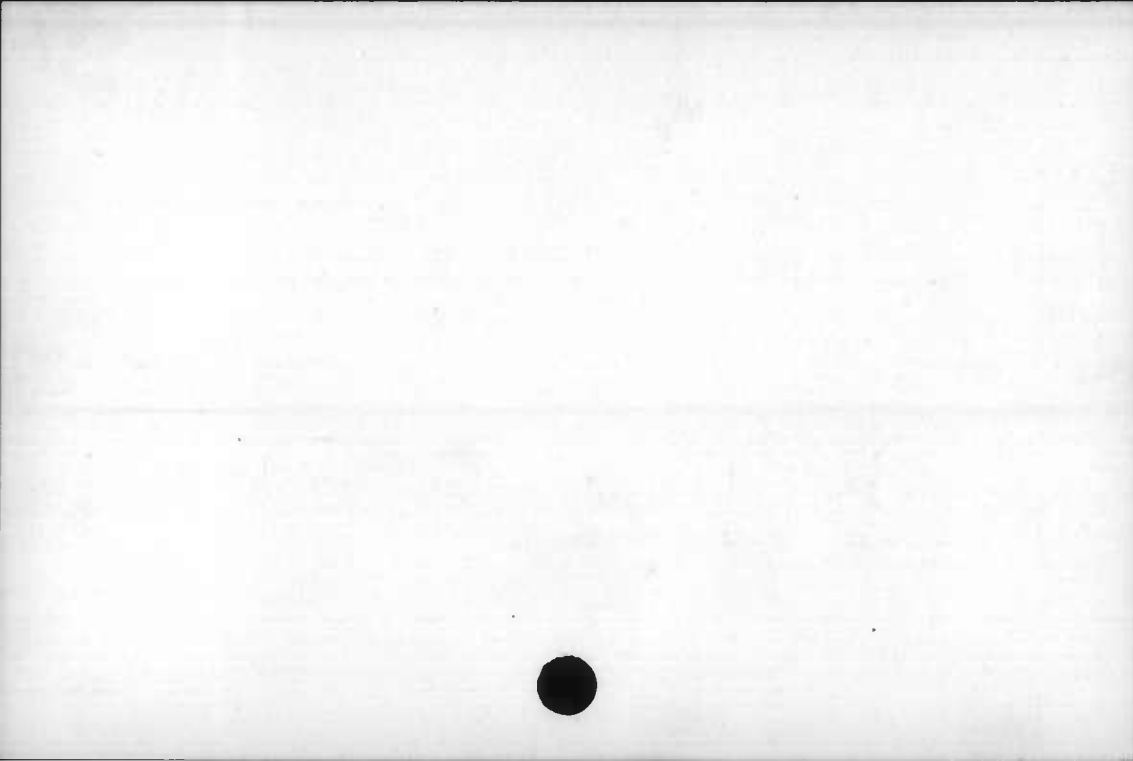
Immediate Exhaustion ^{How long} 4 days.

Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} Geo. J. Lent.

^{Address}

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah M. Potee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

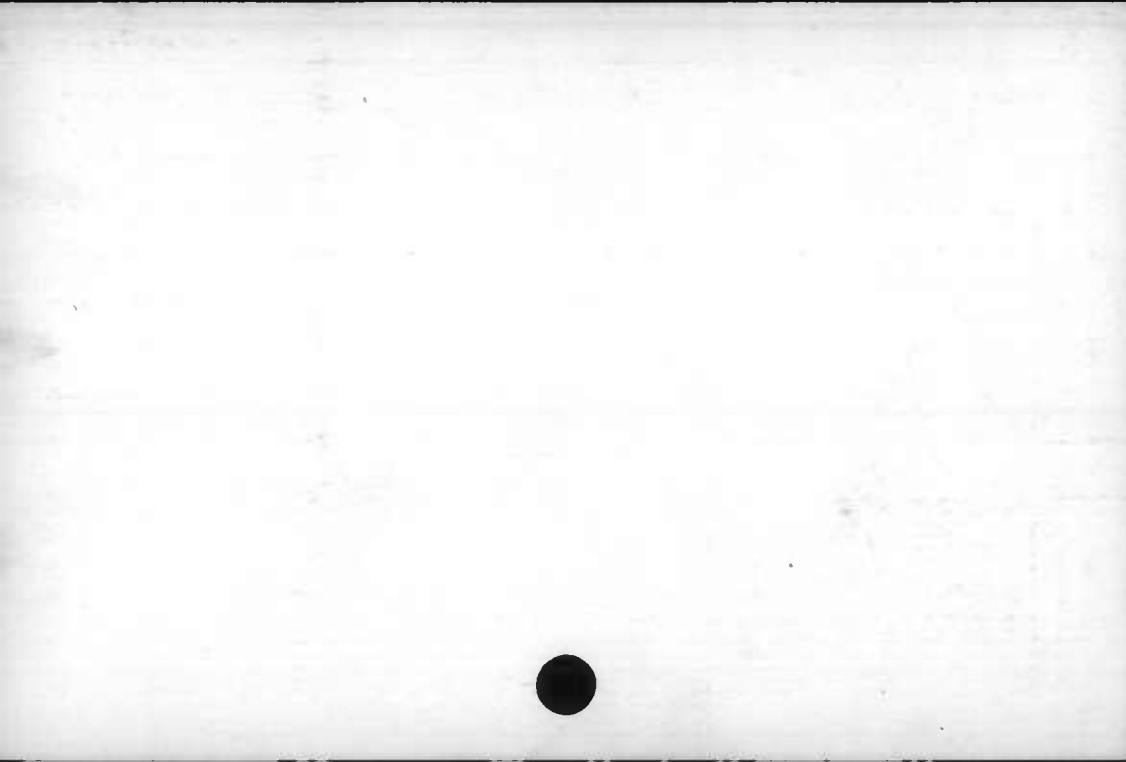
Died at		Town Brooklyn		County Anne Arundel		MARYLAND	
Date of death		1909	Month Dec	Day 31	Age 74	Years 4	Months Days
Sex Female		Color or Race White		Birth- place Balto Md			
Occupation House-wife				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband George H. Potee					
Father's Name James Roche				Father's Birthplace Balto Md			
Mother's Maiden Name Caroline Belmont				Mother's Birthplace Germany			
Name of person giving Information John Potee				How related to deceased Son			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Dr. Gupper	How long	27 days
Immediate	Gupper	How long	27 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. H. Gupper, M.D.	
		Address 1228 Charles St Balto Md.	
Accident or Suicide			



Name
in
Full

Office Victoria Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town *Hearwood*

County

Anne Randall

MARYLAND

Date

of death

1907

Month

Dec

Day

16

Years

Age

6

Months

1

Days

12

Sex

~~Female~~ *Male*Color or
Race*Colored*Birth-
place*Anne Randall*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wesley Powell*Father's
Birthplace*Anne Randall*Mother's
Maiden Name*Lora Larkins*Mother's
Birthplace*Anne Randall*Name of person giving
Information*Wesley Powell*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Not known

How long

179

Immediate

Not known

How long

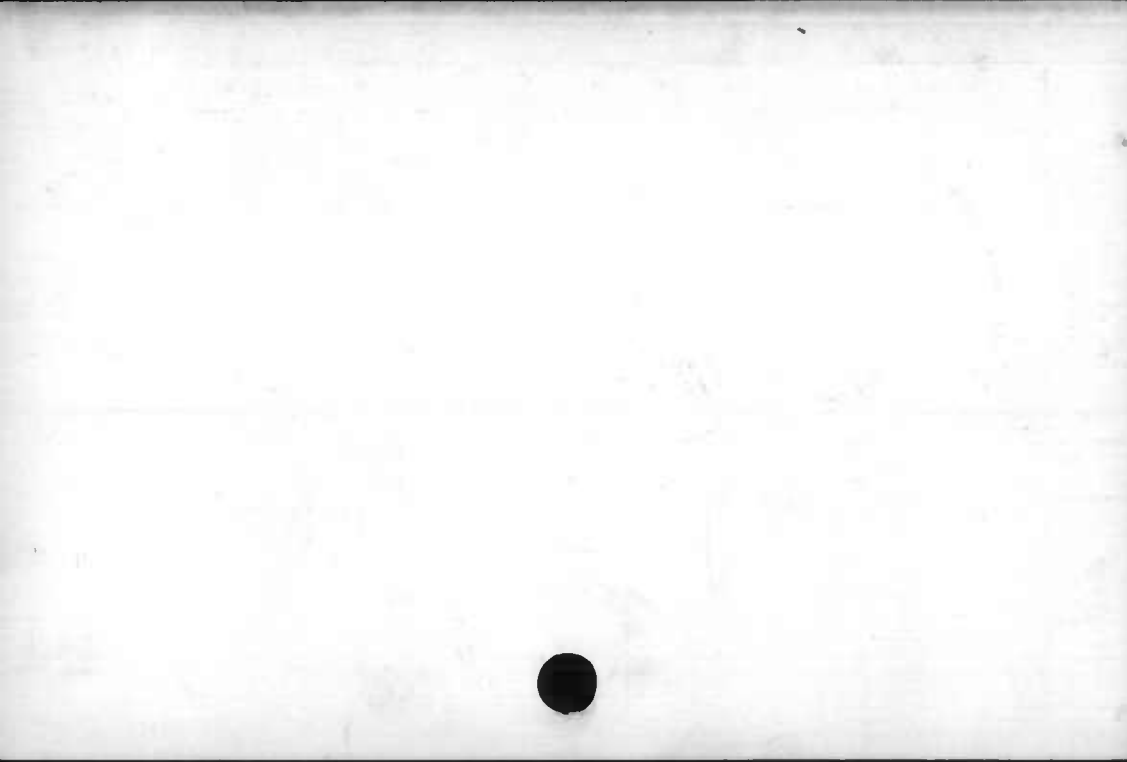
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Maclean Cawood MD*

Address

*West River
Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Jake Pully* Town *Arnolds* County *a. a. Co.*

Date of death 190 *9* Month *Dec.* Day *3rd* Age *5-3* Months *—* Days *—*

Sex *male* Color or Race *colored* Birth-place *Maryland*

Occupation *laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Anty Pully*

Father's Name *Isaac Pully* Father's Birthplace *unknown*

Mother's Maiden Name *Elizabeth Pully* Mother's Birthplace *unknown*

Name of person giving Information *Charlie Brown* How related to deceased *consue*

CAUSES OF DEATH

Primary *Bright's disease* How long *3 mo.*

Immediate *terminal coma* How long *3 da.*

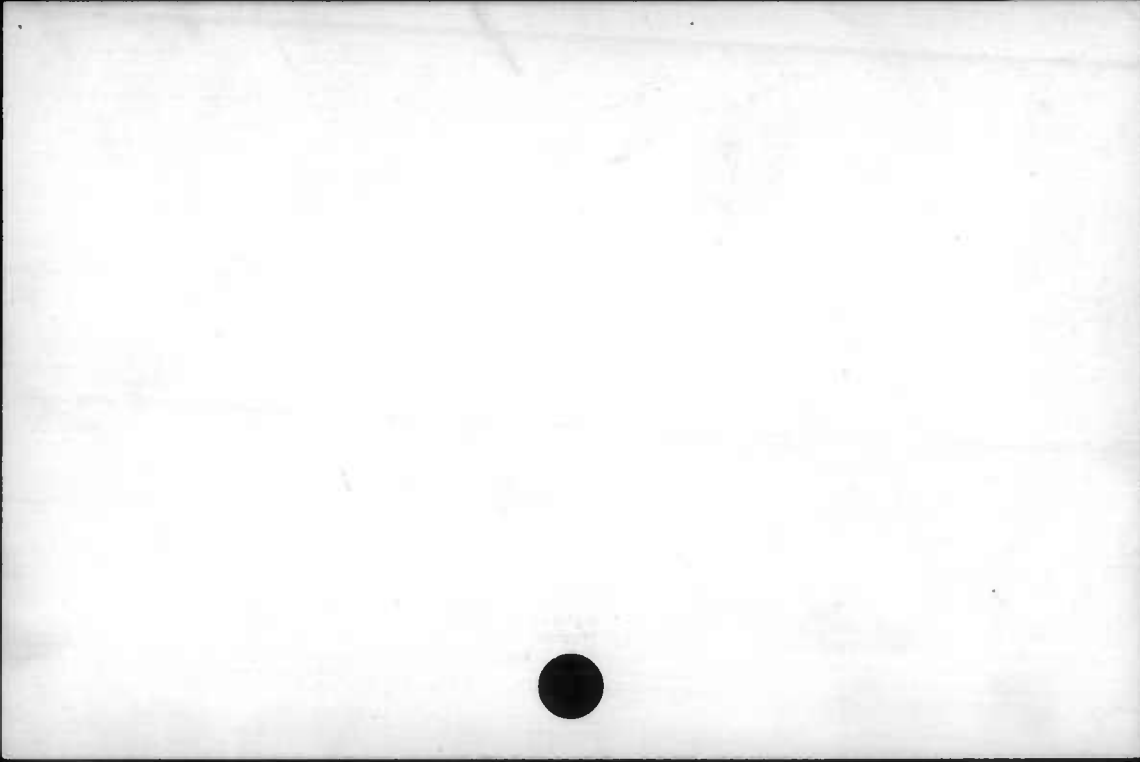
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Elley Riggs* Town *Drury* County *Anne Arundel* MARYLAND

Died at *Drury* Date of death 1909 Month *Dec.* Day *11* Age *42* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Wesley Riggs*

Father's Name *Wm Owens* Father's Birthplace *Md*

Mother's Maiden Name *Pally Young* Mother's Birthplace *Md*

Name of person giving Information *Columbus Riggs* How related to deceased *Son*

CAUSES OF DEATH

Primary *Nephritis* How long *120* 1 year

Immediata How long *—*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

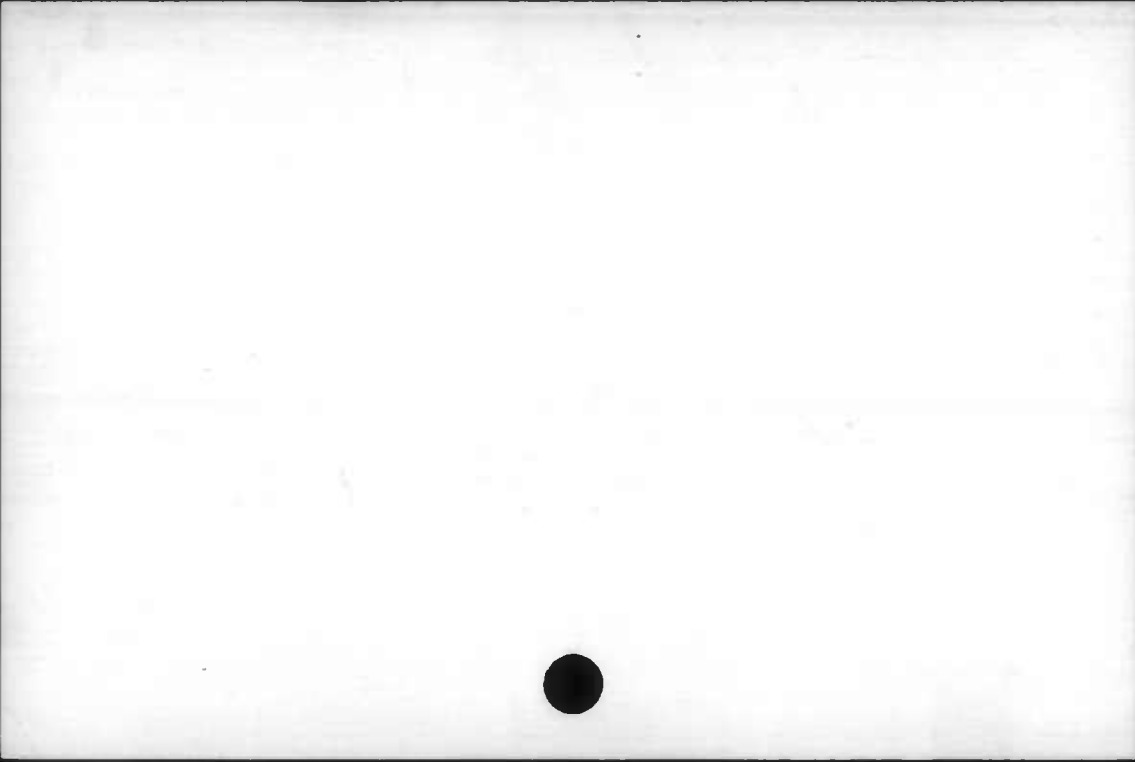
Yes

Signature of Physician

Address

A.H. Perrie,
McKendree, Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Name *James E Rogers*
Died at *East Port* ^{Town} *St. St.* ^{County}

Date of death *1909 Dec 9* ^{Month} *9* ^{Day} *70* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birthplace *A. St. Co Md*

Occupation *Crytman* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E Rogers*

Father's Name *Thomas Rogers* Father's Birthplace *Calvert Co Md*

Mother's Maiden Name *Bennerada Plaso* Mother's Birthplace *Easton Shore Md*

Name of person giving Information *Etta Rogers* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Apoplexy* *64* *Several days*
How long
Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

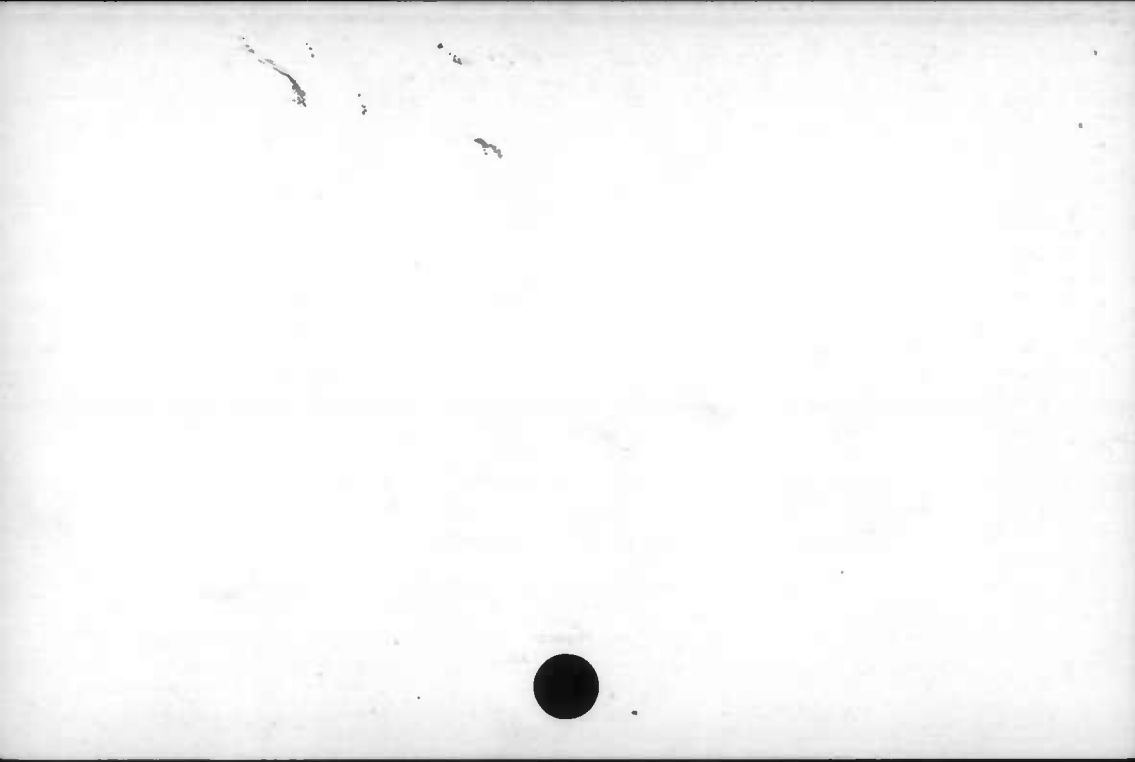
Address

John Ridout, M.D.
Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bermantown</i> Town <i>a-a-</i> County		MARYLAND	
Date of death 1909	Month <i>Dec-</i>	Day <i>22</i>	Age <i>—</i> Years
Sex <i>Male</i>	Color or Race <i>Colord</i>	Birth-place <i>Bermantown</i>	Months <i>8</i> Days <i>—</i>
Occupation <i>unknown</i>	Where Residing if not at place of death <i>Bermantown</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>William Henry Ruffin</i>	Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Sarah Chambers</i>	Mother's Birthplace <i>Annapolis</i>		
Name of person giving Information <i>Lousia Chambers</i>		How related to deceased <i>Grandmother</i>	

CAUSES OF DEATH

Primary

Immediate

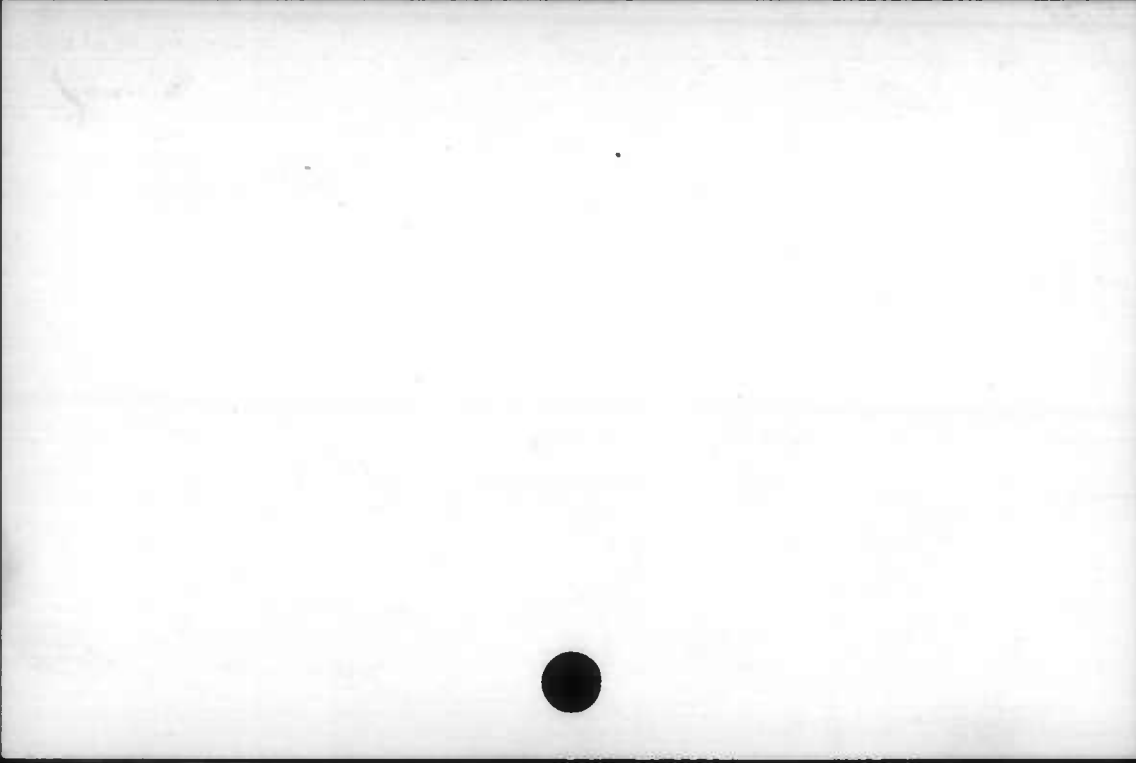
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph William Ryan*
Died at *East Port* Town *St. St.* County

Date of death 1909 Dec 13 Age 3 Months 2 Days

Sex *Male* Color or Race *White* Birth-place *East Port Md.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *William F. Ryan* Father's Birthplace *Hartford Conn.*

Mother's Maiden Name *Margaret V. Silver* Mother's Birthplace *Brooklyn N. Y.*

Name of person giving Information *William F. Ryan* How related to deceased *Father*

CAUSES OF DEATH

Primary *Capillary Bronchitis* How long *92* days
Exhaustion How long *2* days

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ans. Weld*
Address *Annapolis*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Jas. A Scott
Shady Side

Town

County

A. A.

MARYLAND

Date

1909

Month

Dec

Day

25

Age

Years

1

Months

5

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Selman Scott

Father's
Birthplace

Md

Mother's
Maiden Name

Gussie Carter

Mother's
Birthplace

Md

Name of person giving
In formation

Selman Scott

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

2 weeks

Immediate

Convulsions

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

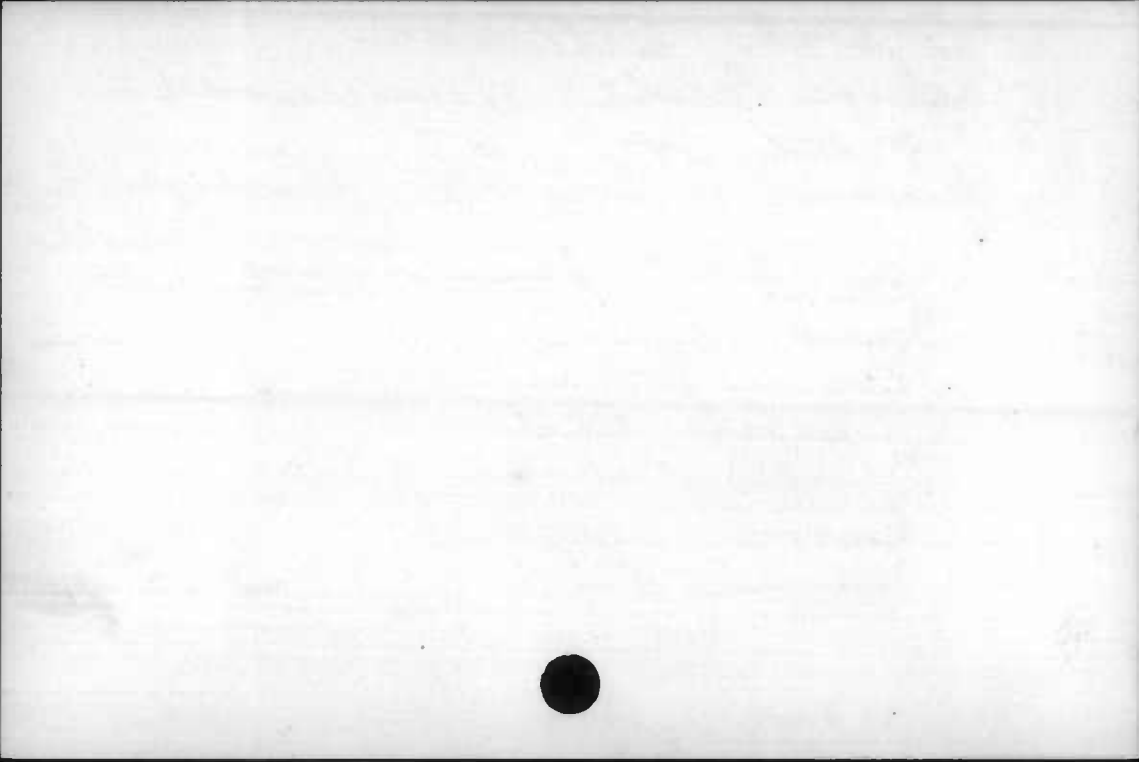
Signature of
Physician

Address

Yes T. Dent Subreg
Churcklin

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

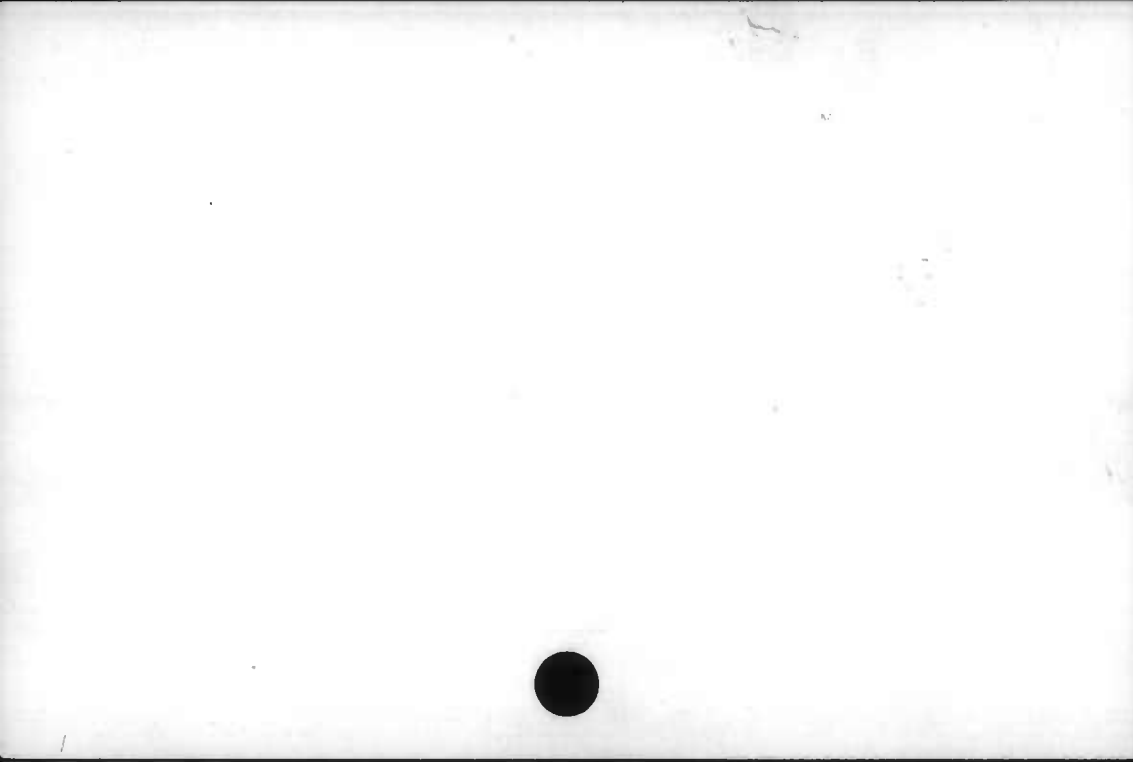
TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Sellman* County *Anne Arundel* MARYLAND
Died at *Camp Parole* Town *Parole*
Date of death *1909 Dec 14* Age *67* Months *0* Days *0*
Sex *Female* Color or Race *Colored*
Occupation *Domestic* Where Residing if not at place of death *Huntington Co. Camp Parole*
Married, Single or Widowed *Married* Name of Wife or Husband *Moses Sellman*
Father's Name *Samuel Howard* Father's Birthplace *Penn.*
Mother's Maiden Name *Anna Johnson* Mother's Birthplace *"*
Name of person giving Information *John Sellman* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cerebral Apoplexy* **64** How long *One week*
Immediate *Chancery* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. D. Brown*
Address *600 Ethelred Annapolis*
Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name

in
Full

Mary Sheffield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Annapolis^{County} Ann Arundel

Date of death 1909 December

Day 25

Age 4 ~~Years~~ hours

Months

Days

Sex Female

Color or Race

White

Birth-place

4 Martin St.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Elihu Lamar Sheffield

Father's Birthplace

Cedar Springs Ga.

Mother's Maiden Name

Eddige Harris

Mother's Birthplace

Macon - Ga.

Name of person giving information

Father J. L. Sheffield

How related to deceased

Father

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary

Asphyxia (premature child)

How long

Several hours

Immediate

Heart failure

How long

Ten hours

Are the name, age, sex, color, date and place correctly given above?

Yes

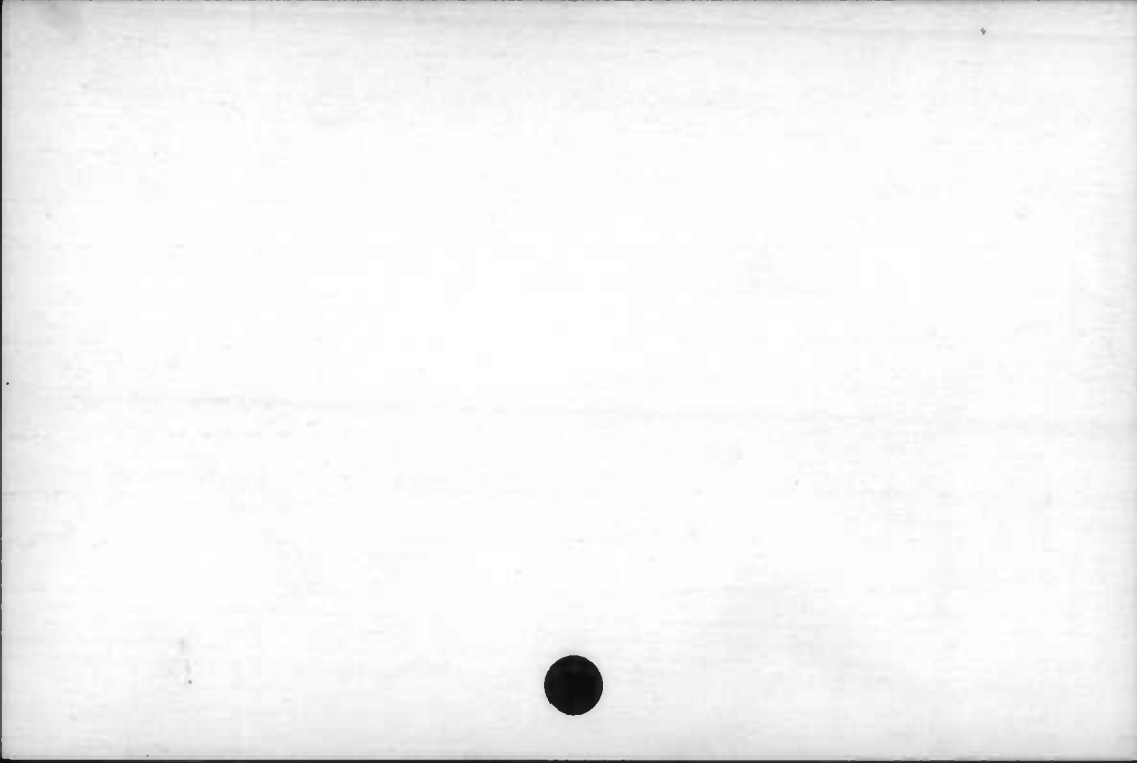
Signature of Physician

D. Carpenter

Address

U.S. Naval Academy

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

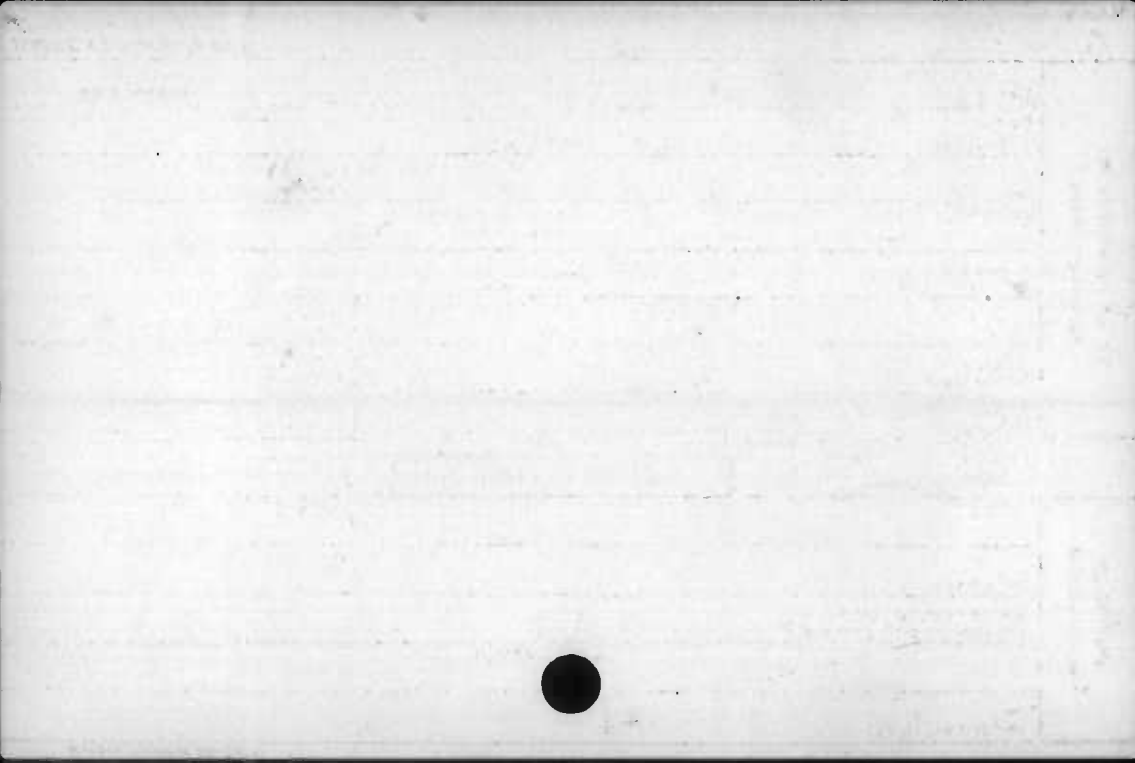
Died at <i>near Haiman</i> Town		<i>Shipley</i> County		MARYLAND	
Date of death	1909	Month	<i>Dec</i>	Day	27
Sex	Male		Age	Years	
Color or Race	White		Birth-place	Months	
Occupation	—		Where Residing if not at place of death	Days	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	<i>Adam A Shipley</i>			Father's Birthplace	<i>A A Co Md</i>
Mother's Maiden Name	<i>Cora Chaney</i>			Mother's Birthplace	<i>A A Co Md</i>
Name of person giving information	<i>Adam A Shipley</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Instrumental Labor</i>	How long	<i>1/2 hour</i>
Immediate	<i>Same</i>	How long	<i>Same</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Le R. Winkerson MD</i>
		Address	<i>Hannover Md</i>
Accident or Suicide?			



Name
in
Full

Annie Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Town A-A- County MARYLAND

Date of death 1909 Month Dec. Day 26 Age 66 Years 7 Months 21 Days

Sex Female Color or Race Colord Birth-place Hagerstown Md.

Occupation Domestic Where Residing if not at place of death 30 Washington St.

Married, Single or Widowed Widow Name of Wife or Husband George Simpson

Father's Name Frank Coney Father's Birthplace Hagerstown Md.

Mother's Maiden Name Annie Coney Mother's Birthplace " "

Name of person giving Information Frank Simpson How related to deceased Son

CAUSES OF DEATH

Primary

Apoplexy64

How long

2 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

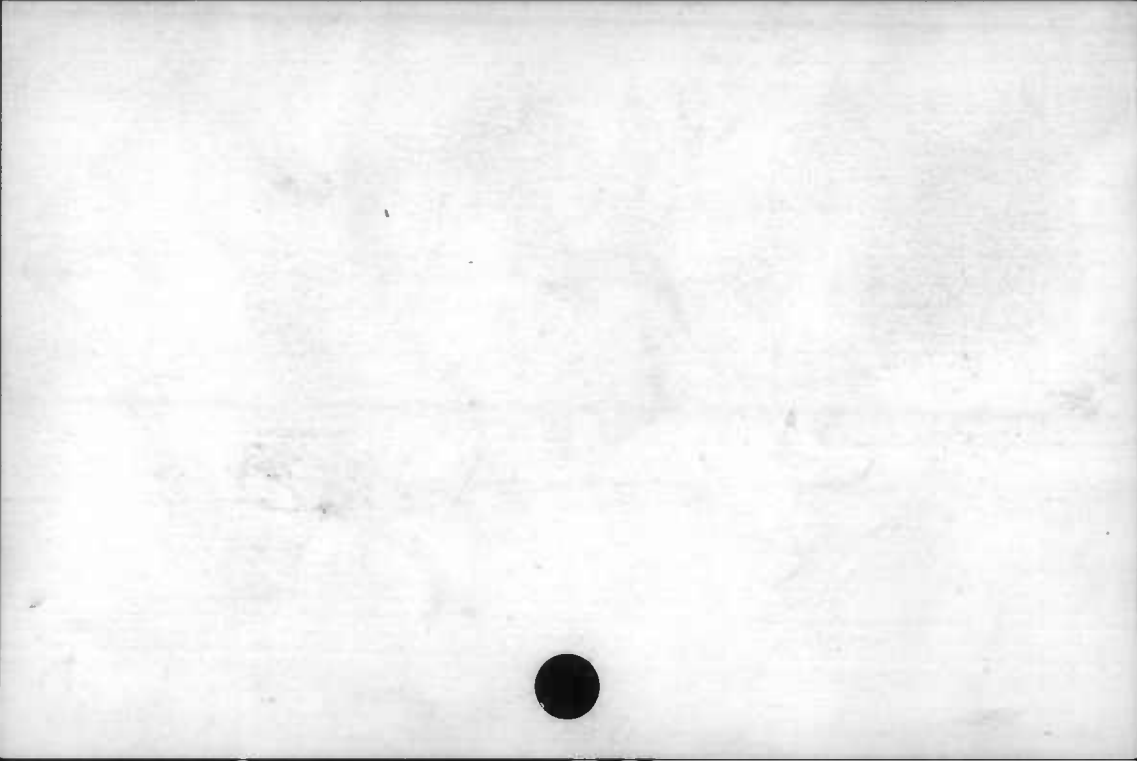
Signature of Physician

Address

J. H. Thompson
Annapolis Md.

Accident or Suicide

PHYSICIAN
OR CORONER2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Sloan* Town *Quarantine Station* County *Anne Arundel*Died at *Quarantine Station* Date of death 190 *9* Dec. *6* Age *about 90* Months DaysSex *Male* Color or Race *White* Birth-place *Ireland*Married, Single or Widowed *Single* Occupation *none*Name of Wife or Husband *_____*Father's Name *not known*Father's Birthplace *not known*Mother's Maiden Name *do do*Mother's Birthplace *do do*Name of person giving information *Dr. T. L. Richardson*How related to deceased *(none)*

CAUSES OF DEATH

154Primary *Senility*Immediate *Uremia and coma*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Thos. L. Richardson*Address *Quarantine Sta.*

Accident or Suicide?

Stewart & Mowen Co
Funeral Directors
215 Park

for Interment at
Quarantine Station
December 7th /09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Annapolis

Town

County

St. St.

Date

of death

1909

Month

Dec

Day

7

Age

Years

1

Months

4

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis

Occupation

None

Where Residing if not
at place of death

None

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Dennis Smith

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Maude Smith

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Maude Smith

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus (Supposed)

How long

Unknown

Immediate

Aschemia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

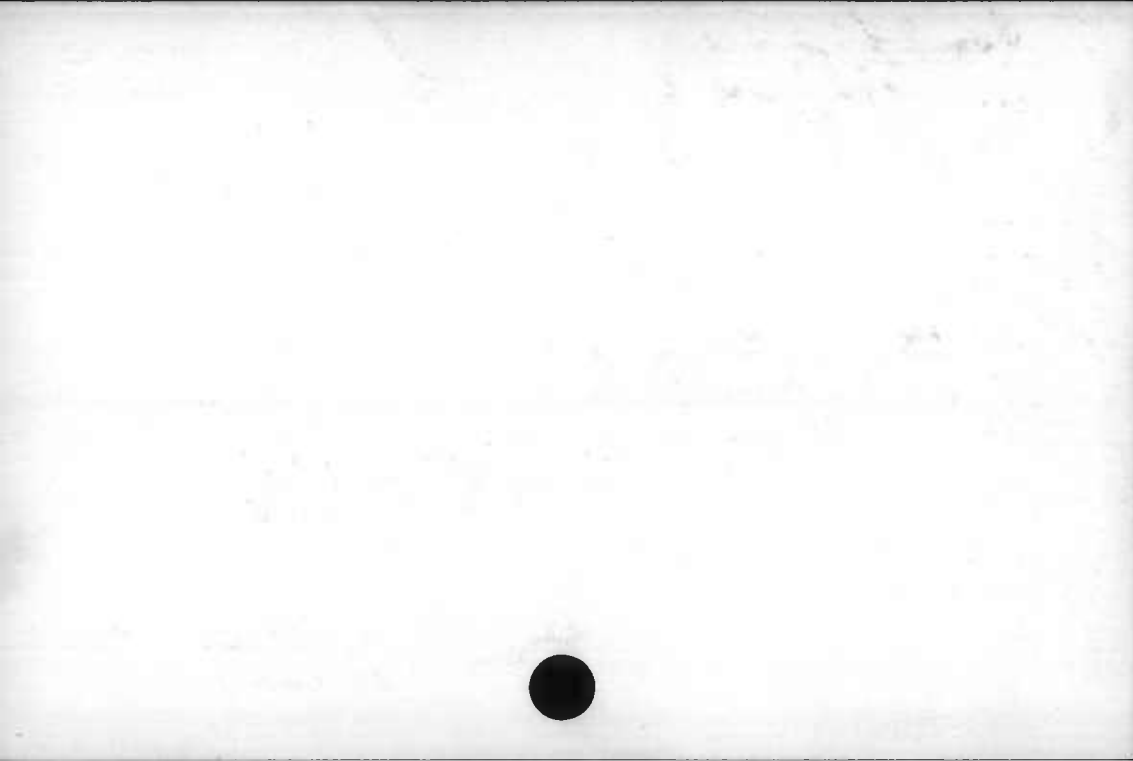
Wm. Welch H.O.

Address

Annapolis

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sum Sparrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Brooklyn* TownCounty *am*

MARYLAND

Date of death *1909* Month *12* Day *21* Age Years Months *3* Days *-*Sex *Female*Color or Race *col*Birth-place *md*Occupation *-*Where Residing if not
at place of death *-*Married, Single or Widowed *Single*Name of Wife or
Husband *-*Father's Name *Bing Sparrow*Father's Birthplace *md*Mother's Maiden Name *Daisy Blackson*Mother's Birthplace *ma*Name of person giving
In formation *Bing Sparrow*How related
to deceased *Sister*

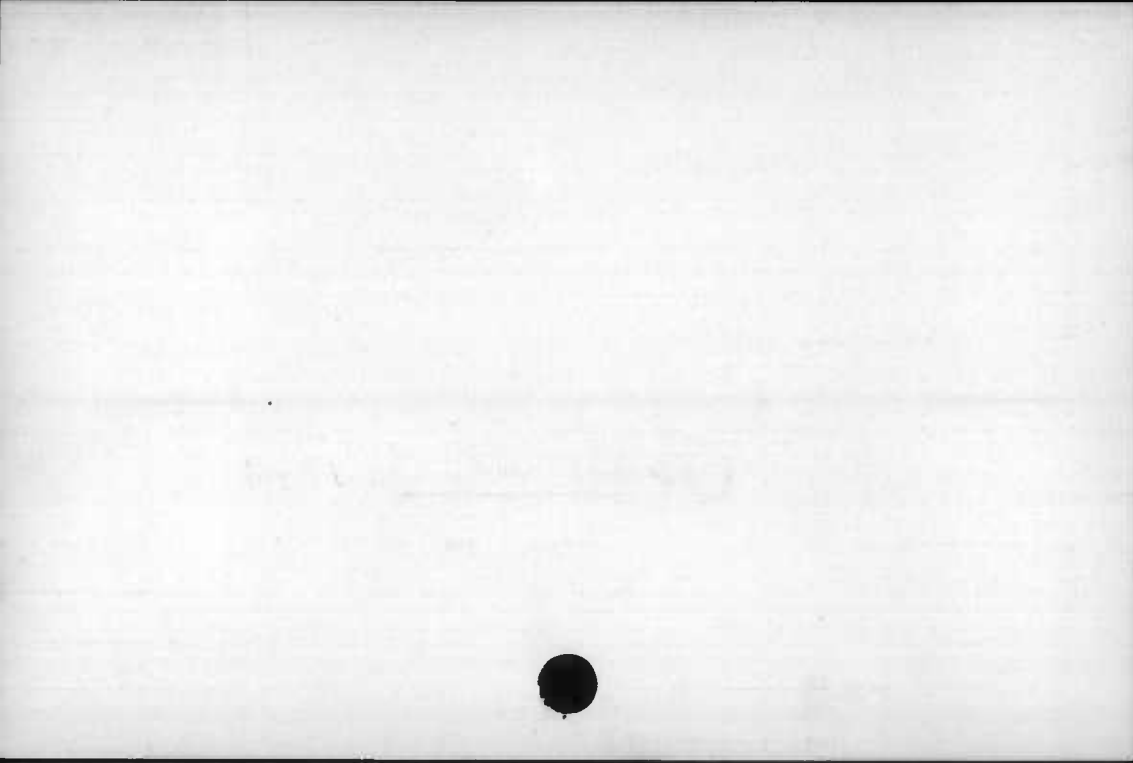
CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary *Menstruation*How long *1 mo*Immediate *-*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Chas. A. Brooke*Address *Brooklyn*Accident or Suicide? *-*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6

Richard James Spencer

CERTIFICATE OF DEATH

Town Annapolis County A - A - **MARYLAND**

Died at Annapolis

Date of death 1909 Dec - 10 ^{Day} 16th 27 ^{Years} Age 27 — ^{Months} — — ^{Days}

Sex Male Color or Race Colord Birth-place Annapolis

Occupation Waiter Where Residing if not at place of death — North West

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Spencer Father's Birthplace Baltimore

Mother's Maiden Name Rachel Luren Mother's Birthplace Waterbury

Name of person giving Information Rachel, L - Price How related to deceased Mother

Asbury Court

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis 27 Garcia How long months

Immediate Asthenia How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Ambrose Garcia

Address 34 Second St

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mulberry Hill</i>		Town <i>Stansbury</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Dec</i>	Day <i>1st</i>	Years <i>58</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Island</i>			
Occupation <i>Cytoplasm</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosa Stansbury</i>					
Father's Name <i>Charles Stansbury</i>				Father's Birthplace <i>Eastern Shore</i>			
Mother's Maiden Name <i>Marguerite</i>				Mother's Birthplace <i>Eastern Shore</i>			
Name of person giving Information <i>William Stansbury</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

How long

Primary

Immediate

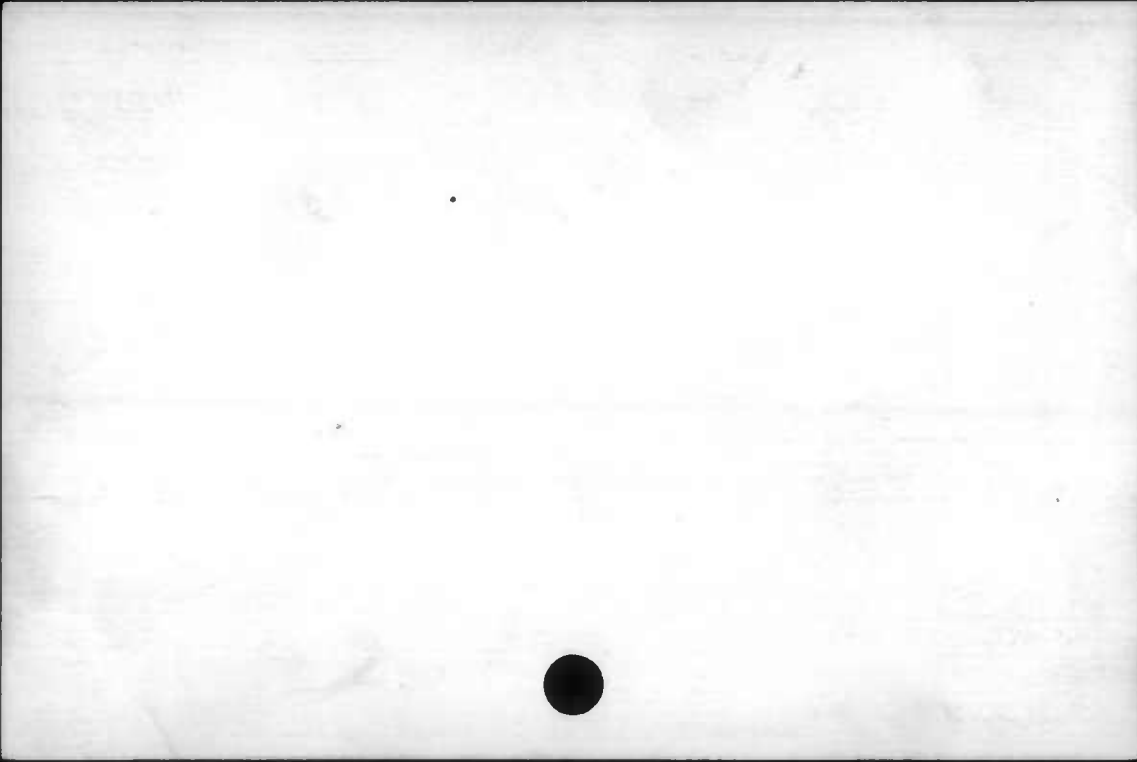
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born Child of John Thomas
Town Lothman County Anne Arundel

CERTIFICATE OF DEATH

MARYLAND

Died at Lothman

Date

of death

1909 Dec

Month

Day

22

Years

Age

Months

Days

Sex

Male

Color or
Race

Colored

Birth
place

Alb Co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Thomas

Father's
Birthplace

Alb Co Md

Mother's
Maiden Name

Mary Brown

Mother's
Birthplace

Prince Geo Co

Name of person giving
Information

John Thomas

How related
to deceased

Father

CAUSES OF DEATH

Primary

Delivery

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Malcolm Carson Md

Accident or Suicide



Name
in
Full

Estelle Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hawkins Point 1 County a

Date of death 1909 Month Dec. Day 10 Age 35 Years Months — Days —

Sex Female Color or Race White Birth-place md.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Arthur Thornton

Father's Name Wm Johnson Father's Birthplace md.

Mother's Maiden Name Mary E. Solley Mother's Birthplace md.

Name of person giving Information Arthur Thornton How related to deceased Husband.

CAUSES OF DEATH

Primary Cancer of Uterus How long 9 months

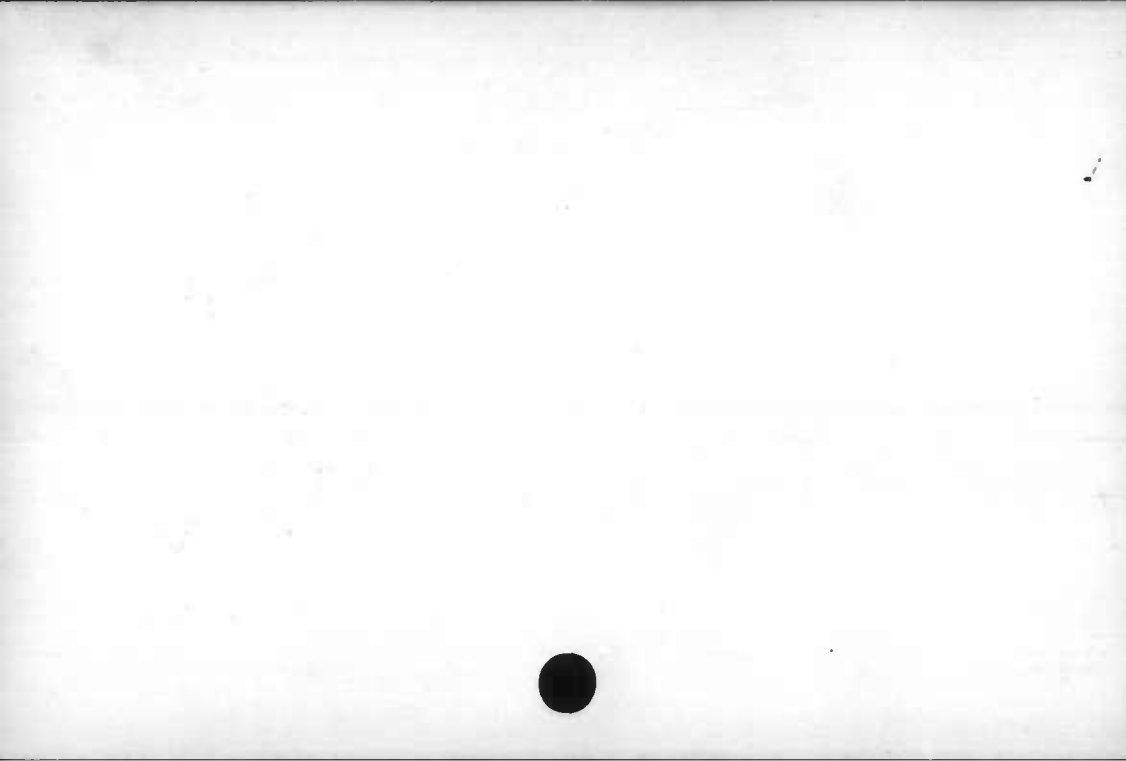
Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. B. Horton M.D. Address So. 13th St., Md.

Accident —

PHYSICIAN
OR CORONER



Name
in
Full

Robert Lee Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

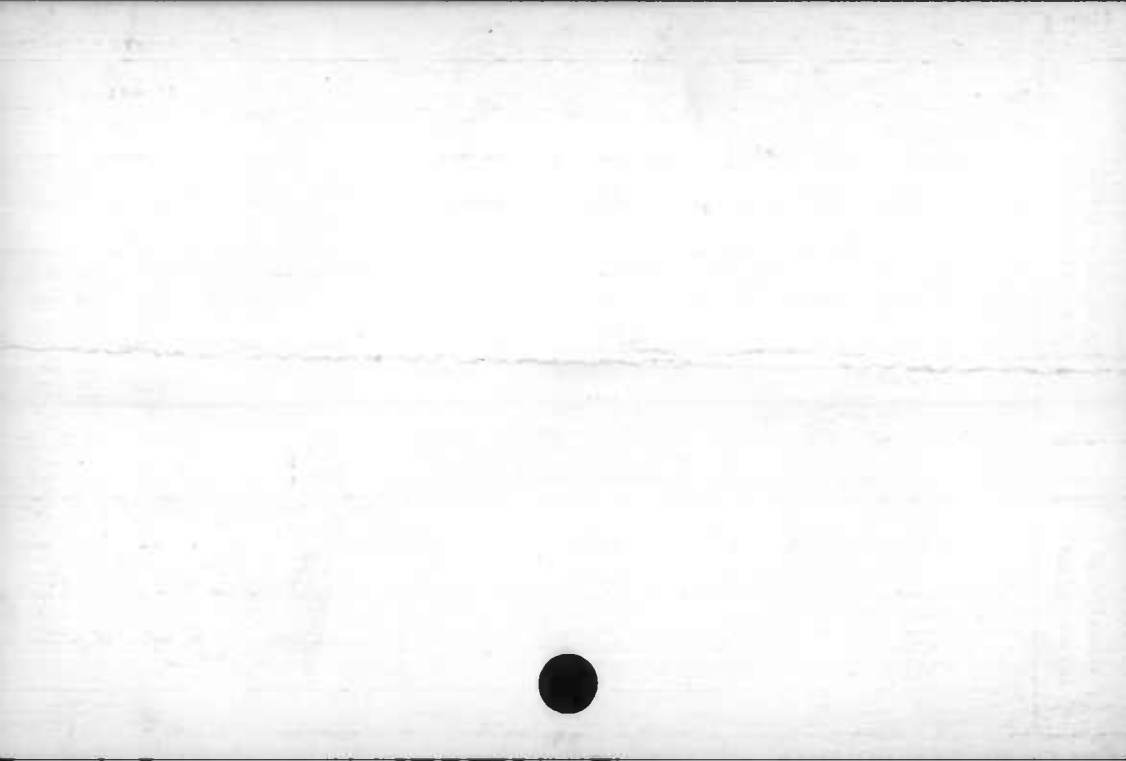
Died at		Town Passadena		County Anne Arundel		MARYLAND	
Date of death		Month 1909 Dec.	Day 11	Age 21	Years	Months	Days 26
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Motorman		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Eldy Lee Wade		Father's Birthplace Maryland					
Mother's Maiden Name Jennie Duwall		Mother's Birthplace Maryland					
Name of person giving Information Dorsey L. Wade		How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Dr. Primary Tuberculosis of throat about 18 months	How long
Immediate	Tuberculosis	How long about 11 years
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician
Yes		E. H. Hutchins M.D.
		Address
		1230 Light St.
		Baltimore, Md.
Accident or Suicide		no -



Name in Full <i>Catherine Laurie Ward</i>		County <i>Anne Arundel</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sudley</i> Town		State <i>MARYLAND</i>		
	Date of death <i>1909 Dec</i>	Month <i>11</i>	Day <i>11</i>	Age <i>1</i>	Years <i>1</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Sudley, Md</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>J. H. Ward</i>	Father's Birthplace <i>Q. Co, Md</i>			
Mother's Maiden Name <i>Catherine Elizabeth Hall</i>	Mother's Birthplace <i>Washington, D.C.</i>				
Name of person giving information <i>J. H. Ward</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>	How long <i>1 Week</i>			
	Immediate <i>Respiratory Failure</i>	How long <i>24 hours</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wesley C. Ward, M.D.</i>			
		Address <i>West River, Md</i>			
	Accident or Suicide? <i>—</i>				

Internat in Luaka Bury
Hind

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry White
Died at *Jones Station* Town *Anne Arundel* County *MARYLAND*
Date of death *1909 Dec. 9* Month *9* Day *9* Age *5-4* Years *5* Months *4* Days
Sex *Male* Color or Race *White* Birth-place *Washington, D.C.*
Occupation *R.R. Employee* Where Residing if not at place of death *Near Jones Station*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Lillie White*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Samuel Langville* How related to deceased *Son-in-law*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *Railroad Accident.*
Immediate *Shock*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles G. Feldmeyer
Justice of the Peace
Acting Coroner
Annapolis Md.

Accident ~~or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

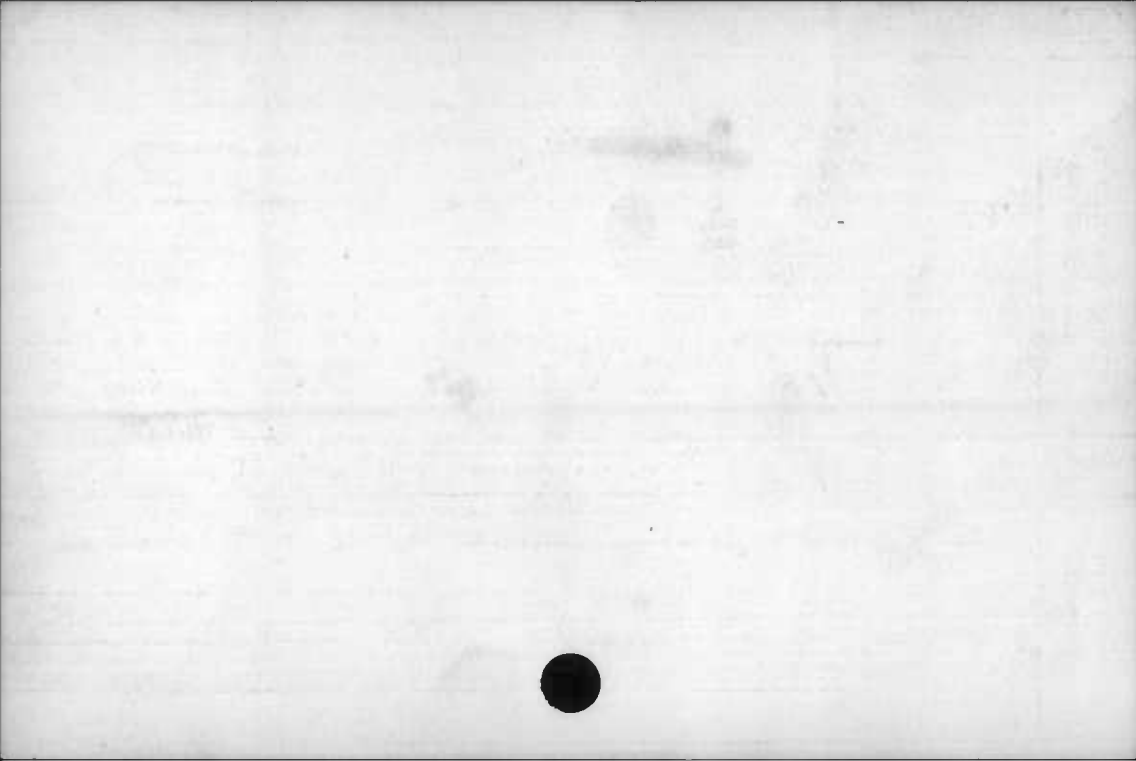
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown</i> Town		<i>William</i> County		State of <i>MARYLAND</i>	
Date of death	<i>1909</i>	Month <i>Dec.</i>	Day <i>22nd</i>	Age <i>40 years</i>	Months <i>6</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>S.S. County</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Benjamin Williams</i>		Father's Birthplace <i>S.S. County</i>			
Mother's Maiden Name <i>Leah B. Jones</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Benjamin Williams</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease when born or inherited</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>		Signature of Physician <i>G. W. H. H. H.</i>	
		Address <i>Baltimore S.S. County</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

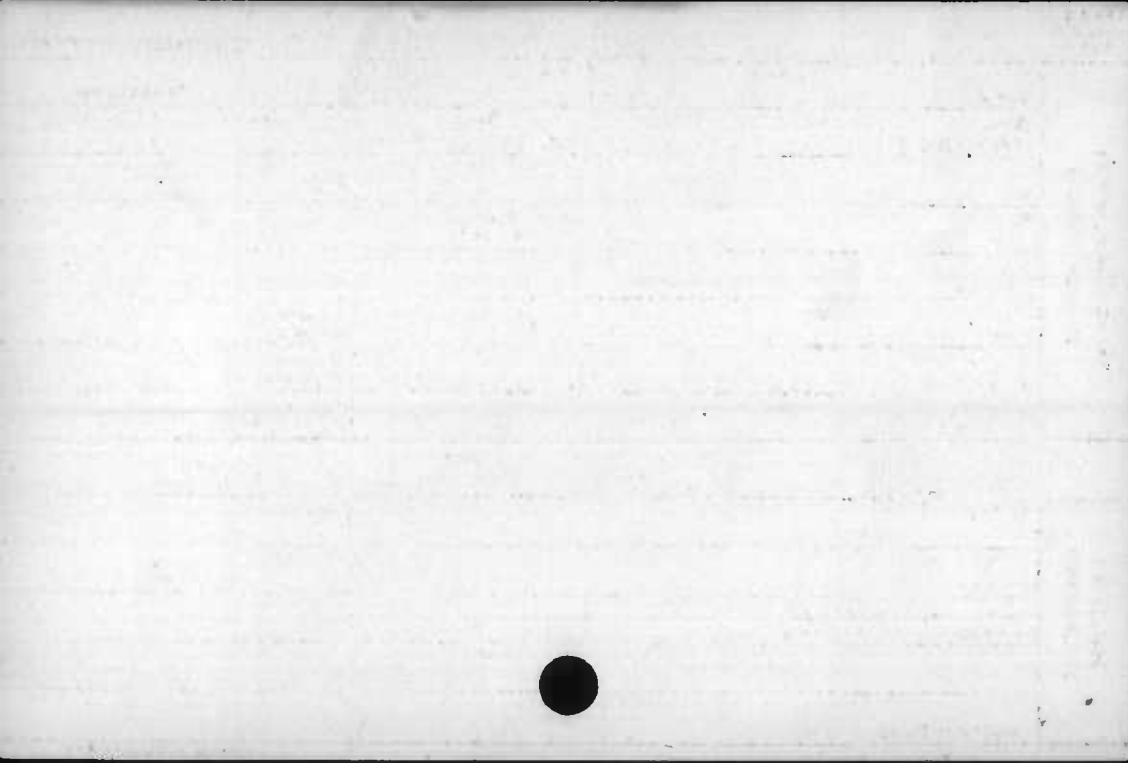
Died at <i>Wallham</i> Town		<i>Wilson</i> County		MARYLAND	
Date of death	1909	Month	<i>Dec</i>	Day	22
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Age	22 <i>22</i>
Occupation			Birth-place	<i>Sted Co</i> <i>Anne Arundel</i>	
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name		<i>Robert Wilson</i>		Father's Birthplace	
Mother's Maiden Name		<i>Jeanne Johnson</i>		<i>Virginia</i>	
Name of person giving information		<i>Robert Wilson</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Pressure on head in Chedbrook</i>	How long	<i>2 hours</i>
Immediate	<i>Same</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>T. R. Henderson M.D.</i>	
		Address	
		<i>Hanover</i> <i>Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Found Town
ashore at
Bay Ridge

County

Date

of death

190 9

Month

Dec

Day

9

Age

3 1/2

Years

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Molder

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

John Zizwark

Father's
Birthplace

Germany

Mother's
Maiden Name

Barbra Summers

Mother's
Birthplace

Germany

Name of person giving
Information

John F Zizwark

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Accident Drowned

How long

Unknown

Immediate

Same

How long

Unknown

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm H. Lee

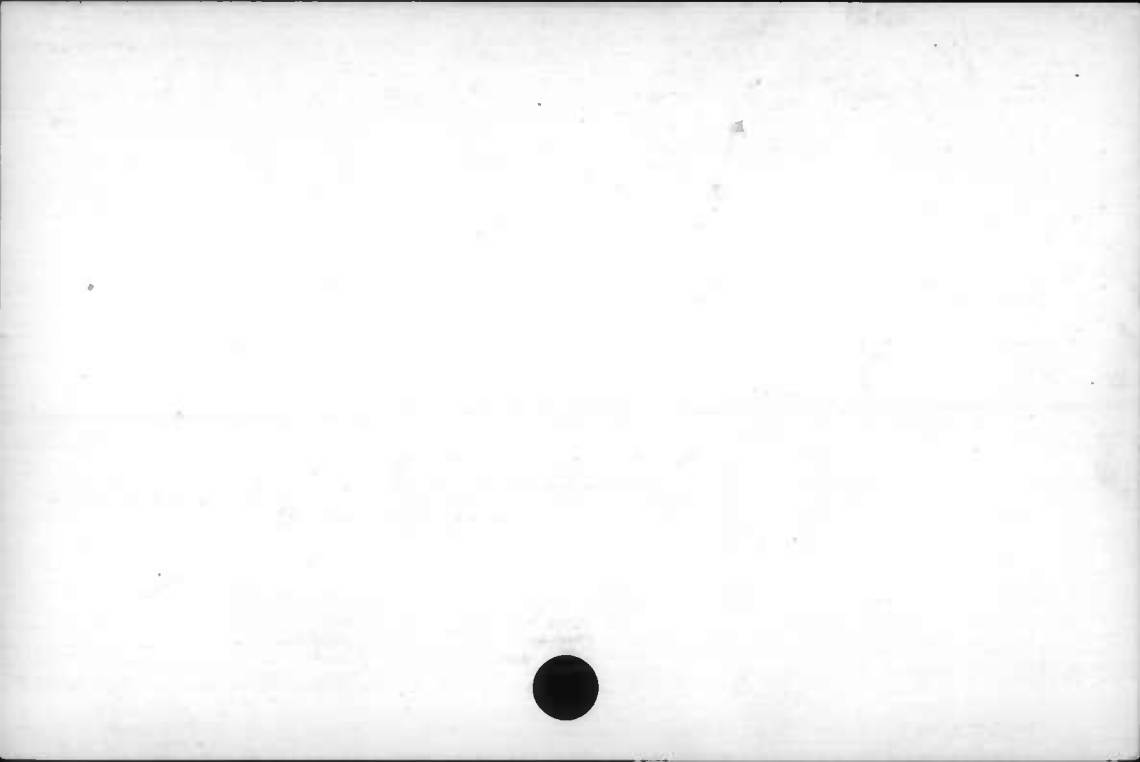
Address

Coroner
Annapolis P.B.

Accident

yes

PHYSICIAN
OR CORONER



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} West Annapolis ^{County} Anne Arundel MARYLAND

Date of death 1909 ^{Month} Dec ^{Day} 21 Age ^{Years} ^{Months} ^{Days}

Sex Female Color or Race Unknown Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Presumed still born (found dead) How long

Immediate

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Wm S Welch Address Annapolis

Accident or Suicide

